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The Jnl. of Ayurveda

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गुरुकुल कांगड़ी विश्वविद्यालय, हरिद्वार

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RNAL OF AYURVEDA

Vol. III.] anuary, 1927. [No. 7.

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The Orthodox Ayurvedist.

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Two classes of medical men are hampering the progress and regeneration of Ayurveda at the present day. We have on the one hand the scientific medical man, European or Indian trained in Modern Western Medicine, full of dogma, finding nothing instructive or interesting in any other system than that which he practises. So far as the European members are concerned, they must fight tooth and nail to prevent even the recognition of Ayurveda, not to speak of its regeneration, for in these days of keen struggle for self-existence it is a question of rupees, annas and pies, not only with them but also to their countrymen, the hosts of European Chemists who are flooding the Indian markets not only with the products of their own country but also exploiting Indian resources, purchasing raw materials (drugs) from India at nominal price and selling us the same products finished and labelled in their own attractive ways with tremendous profits. Any recognition of Ayurveda, however little it may be, any opening of an Ayurvedic School, any opening of an Ayurvedic Dispensary is looked upon with the greatest suspicion and difficulties thrown by them as much as possible.

In the case of Indian practitioners of the Western System the question is entirely different. They should not join the chorus of Europeans in decrying Ayurveda. For if Ayurveda is rejuvinated and takes what is lost or unknown from Modern Western Medicine, the new

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ment over the old Ayurveda but ...e exotic foreign system. It will be go... in many ways and good for the world ...rvedic truths, when thrust into the Scientific ... would not only attract them by their superexcelle... ot only evoke the admiration of the West, not only ...mulate new vistas of thought and work for further progress of International Medicine, but also better relieve suffering humanity. Surely this work of regeneration of our National System of Medicine should be done by our countrymen and not left to foreigners who can never see eye to eye with us.

We have said that on the one hand the foreigners are hampering the recognition and regeneration of Ayurveda, on the other hand the orthodox Ayurvedists amongst us are also unwittingly hampering its further progress and regeneration by their unwise dogmatic statemer giving a handle to our foreign critics to decry Ayurved

The orthodox Ayurvedists ought to remember we, who are for progress, are no less anxious, nay as mu as they themselves think to be, to vindicate the fair nam of Ayurveda. Like them we too believe that the origi medical truths of Ayurveda, just as every other origina truth arising in any other part of the world, are "*A'rsha* (coming from the Rishis or Devatas) or inspired. A hos of workers prepare the field, and the successful talen inspired by God finds out the seed out of the chaff these workers.

But the orthodox Ayurvedists forget that on accoun of ages of national degeneration, lots of interpolation have crept into the once glorious Ayurveda now mutilate into so many books of patent medicine prescription The spirit of enquiry and research has disappeared, th truths are hidden underneath accumulated heaps chaff. Just as ndu religion is now changed into s many forms and conventions, so Hindu Medicine ha changed into so many patent prescriptions. It is time

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unearth the truths from this heap of debris, replace those which are lost, but re-discovered in the sister systems and incorporate those which are unknown in Ayurveda. Dogmatic statements that the present day Ayurveda is perfect, is not susceptible of improvement, is sufficient to treat any and every disease that was unknown in India but recently invaded it or will come later on, are all mere non-sense and will hamper more the cause of Ayurveda. We are forced to speak out the truth because we are learning to our cost, that the orthodx votaries of Ayurveda are ruining their own cause and playing into the hands of our opponents, quite unwittingly, we must add.

We will mention one or two instances to the point. A leading Ayurvedic practitioner of Calcutta made many a dogmatic statement like those mentioned above before the Bengal Ayurvedic Commission—of course the Europeans took advantage of the handle thus given and their spokesman lost no time in decrying Ayurveda as unscientific on those grounds.

On another memorable occasion the Calcutta Municipal Corporation very laudably tried to reconcile the interests of the orthodox and the progressive schools of Ayurvedists but were unsuccessful. Personal interests prevailed over national question. Unless this attitude is changed and whole-hearted support is given to focus Ayurveda and fight for it unanimously against tremendous odds, there is very little hope for its further progress and regeneration. This is truth, simple unpalatable truth which must be told to open the eyes of these gentlemen.

In another province, not our own (Bengal), when the subject of opening of Ayurvedic schools were broached and lectures on Surgery and Midwifery from modern Medicine were suggested the orthodox class clamoured that progressivists are cutting at the very root of

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Ayurveda. These orthodox Ayurvedists want stagnation and not progress. They want to make the newly opened Ayurvedic schools as so many glorified "Tolls" working on orthodox lines—of course the students who will come from these schools will be more or less orthodox with a smattering of such subjects as Surgery and Midwifery. They will be half educated, more or less quacks and will be more or less dangerous to the community amongst whom they will practise. The result will be that they will themselves be the laughing stock of their rivals of other schools and Ayurveda will be put to more redicule though of course the position of the fossiled orthodox Ayurvedists will not be jeopardised.

But Ayurveda in its hey-day was progressive and not stagnant. The Ayurvedic practice in the days of Charaka and Sushruta was quite different from that of the Tantrik School, while modern Ayurveda, as typified in Bhabaprokas, contained not only the vegetable drug treatment of the old School, the mineral treatment of the Tantric school but discussed Fairinga Roga (Syphilis) unknown up till then in India on modern lines. Charaka stated that learn truths well even if it comes from the enemy.

Ayurveda gathered truths from different sources at different times, so long as there was no great national decay. It is beyond our conception to understand how people should clamour that Ayurveda should remain stagnant and not progress as it had done in the olden times. It is therefore all the more desirable to sink our personal little differences whether we belong to the orthodox or the progressive wing and combine to fight for the great cause of recognition and regeneration of Ayurveda. For the time is propitious and if united, we have better chance of success than otherwise.

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Original Articles.

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MEDICINAL VALUES OF THE PRODUCTS OF THE COW

By

L. L. SUNDARA RAM, B.A., F.R. Econ. S., (Lond.),

Bezwada.

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"The Materia Medica of the Hindus is a marvel to the modern investigator. In it are fully described the properties of drugs belonging to the animal, vegetable and mineral kingdoms, and the articles of food essential to the maintenance of health and strength." Thus writes the Thakore Saheb of Gondol in his SHORT HISTORY OF THE ARYAN MEDICAL SCIENCE.[1] Our Aryan ancestors were famous in every branch of human knowledge, and in respect of the medical science, their stock of knowledge, intuitive powers of investigation, and indefatigable researches left no stone unturned. Marvellous as is their Materia Medica, we find ourselves amazed when we realise that modern developments of Allopathic Medicine, clinical science and medical chemistry prove to us the wonderful advance made by our ancestors in the field of diagnosis of the properties of substances and the careful application of their investigations in curing human ailments.

We brand the medical practices of our ancestors as crude, and deride them. Thus, when we find that cow-dung is advised as a poultice, we discard it as a barbarous practice. But Western medical science is contributing its quota in proving to the world the sanity of this kind of medical treatment as propounded by our ancestors.

In this chapter, I will limit my investigations as far as the properties of the products of the cow are concerned. Cow's milk, urine and dung are taken one by one and their place in Aryan medical science is ascertained first. Then the latest clinical researches are incorporated *in extenso* to prove the rationale of these Aryan practices. The problem of vaccination and its toll upon cow-life is, for the sake of convenience, treated here.

(1). **A Short History of the Aryan Medical Science**:—By H. H. Sir Bhagavat Sinh Jee, K.C.I.E., M.D., D.C.L., LL.D., F.R.C.E., London, Macmillan & Co, 1896. P. 101.

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The excellent qualities of cow's milk are obvious on the surface that no recommendation of their use in cases of debility and convalescence seems to be necessary. The superiority of cow's milk over even human milk is pronounced. Take the average composition of human milk[1] :

Proteids	...	2.00.
Fat ...	...	3.55.
Sugar of milk	...	6.20.
Salts ...	...	2.50.
Water	...	85.75.

In contrast to this take the average composition of cow's milk :

Proteids casein etc.)	...	4.00.
Fat (butter) ...	...	3.90.
Lactose (sugar of milk)	...	4.02.
Salts ...	...	0.73.
Water ...	...	86.20.
Specific gravity	...	1030.

It will be plain that milk may be as freely used as water provided it is available in the desirable quantity. In modern India, especially when low vitality and heavy mortality reign supreme, the value of milk can in no way be exaggerated. Such are the excellent nourishment-producing qualities of milk that it is regarded as a purificatory agency. "Cows are auspicious purifiers, upon cows depend the four worlds"[2]. According to Aryan tradition, one of the first things which a person ought to do on rising is to look at curds and ghee if he desires a long life[3].

The Thakore Saheb of Gondal thus sums up the values of milk in Aryan medicine[4] : "DUGDHA (milk) is nuitritive and vitalising. ..... Cow's milk increases the secretion of semen..... The properties of milk are said to vary according to the colour of the animal and the qualities of pasture. The chief preparation of milk are DAHI (curds), a favourite remedy for diarrhœa ; TAKRA (whey), which is refrigerant ; NAVANITA (butter) used in

(1). These tables are taken from **Hygiene and Diseases of India**, By Lieut. Col. Patrick Hehir, I M S, Madras, Higginbothams Ltd., Third Edition, P. 189

(2). **Institutes of Vishnu**, XXIII, 57, Translated by Dr. Julius Jolly, S.B.E. Vol. VII. P. 105.

(3). **A Short History of Aryan Medical Science.** P. 59.

(4) Ibid. P. 130.

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constipation ; GHRITA (clarified butter), is tonic, emollieunt and cooling ; SANTANIKA (cream), is strengthening."

According to Aryan surgery, wounds must be dressed at regular intervals. Should the wound cause intense pain, the application of a cloth drenched in tepid GHEE is efficacious in palliating the pain and effecting a speedy cure[1]. So much for milk and its collateral products and their values in Aryan medicine.

Abbe Dubois writes that "to purify the body from any interior defilement that may have been contracted, there is no more efficacious way than by the performance of the *Panchagavya*"[2]. While speaking of the Zoroastrian attitude, we have seen how Ahura Mazda advises Zarathustra about the process of ablutions to be undergone in order to purify any defiled human being[3]. In fact, the Indo-Iranian civilizations always attach special significance to urine. Our sacred texts always make urine play an important part in ablutions. Thus, the urine of the cow is one of "those six excellent productions of the cow which are always propitious"[4]. "In the urine of the cow dwells the Ganges"[5]. The reason for this widespread use of urine is not far to seek. "MUTRA (urine) would appear to be a very useful agent according to the Hindus, and has a very wide application. Cow's urine is used both internally and externally. It is prescribed in colic and other diseases"[6]. Cow's urine is used extensively in purifying metals. In purifying tin, cow's urine is an useful solvent[7]. In the purging of "the impurities of ores, whether superficial or inseparably combined with them," cow's bile and urine are invaluable[8]. 'Permanent softness (mridu stambha) is also attained when the metal is treated with the powder of cow's teeth and horn"[9]. Kautilya mentions the various use to which cow dung and urine can be put in the purification of metals[10]. We are not justified in

(1). A Short History of Aryan Medical Science. P. 182.

(2). Hindu Manners, Customs and Ceremonies. P. 196 Cf. Omens and Superstitions of Southern India by Edgar Thurston, C.I.E., London, T. Fisher Unwin, 1912 P. 79.

(3). Zend-Avesta, Fargard, VII, Pp. 56-65. S. B. E. Vol. IV. P. 91-2.

(4). Institutes of Vishnu, XXIII, Pp. 58-9. S. B. E. Vol. VII. P. 105.

(5). Ibid Verse 61. Ibid.

(6). A Short History of Aryan Medical Science. Pp. 132-3.

(7). Ibid. P. 140.

(8). Kautilya's Ardha Sastra. Translated by Dr. R. Shama Sastri. 2nd Edition, 1923. P. 93.

(9). Ibid.

(10). Bk. II., Chs. XII and XIII.

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regarding all these practices as crude and utterly visionary, having reference to the modern methods of medicine and metallurgy. The very modern science is unfolding to us the merits of these practices of our ancestors.

Likewise is the case of cow-dung. John Lockwood Kipling says[1]: "The rustic pharmacy of most countries knows the value of the substance as a poultice, but in India the sanctity of the cow lends a semi-sacred sanction to its use, and its application has the prestige as well as the mechanical attraction of a cata-plasm." This statement is fully justified in the light of the teachings of our DHARMASASTRAS. According to the INSTITUTES OF VISHNU[2]: "A house is purified by scourging it with a broom and plastering the ground with cow-dung, and a manuscript or book by sprinkling it with water over it. Land is cleansed by plastering with cow-dung". In Aryan medical science, cow-dung plays an important part. 'PURISHA (dung) of a cow is applied to parts of the skin that may be inflamed or discoloured. It is occasionally given inside. In India it is used for plastering the walls, and is spread on floors under the impression that it possesses disinfecting qualities"[3]. Cow-dung is extensively used in India. As a poultice it is most famous and efficacious. "Cow-dung ashes are BLANCHE PEARLE and the raw substance is the ordained cosmetic of the Hindu devotees"[4].

Cow-dung is used invariably in plastering the walls and floors of an Indian home. This is universal in the rural parts of India, even though, in the urban areas, owing to the impact of western civilization and higher ideas of decency, it is generally abandoned in favour of white-washing. It is an effective agent as a bactericide and prevents infection, as we will presently see in the lights of western clinical research. Says Lockwood Kipling[5]: "As a cement, cow-dung takes a high place as the finishing coat of the floor and the mud wall. This coating is renewed at frequent intervals, and periodically applied to earthen floors. During the process of smearing, the odour is somewhat strong, but this passes

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(1). **Beast and Man in India** A popular treatise of Indian animals and their relations with the people By John Lockwood Kipling, C.I.E., Macmillan & Co., 1892, 2nd Edn P. 159.

(2). XXIII, 56. S. B. E. Vol. VII. P. 105.

(3). **A Short History of Aryan Medical Science**. P. 134.

(4). **Beast and Man in India**. P. 150.

(5). **Ibid.**

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away in an incredibly short time, leaving an undeniable impression of coolness, freshness and, strange it may seem, fragrance." This opinion is endorsed by another weighty authority from the west who says[1]—"Indian houses are kept beautifully clean. Floors and walls are plastered from time to time by the women with a mixture of cow-dung and mud, which for the purpose is much more efficient than it would appear." We need not comment upon this unqualified testimony of pronounced authorities and we have to only regret that our contemporaries in the west are required to show us the proper paths of appreciation of our hoary practices.

We will now pass on to the results of the investigations of western scientists which justify in a full measure the sanity of our ancient forefathers in emphasising the importance of urine and cow-dung for internal as well as external application. Professors Symmers of Belfast, and Kirk of Ulster have conducted a series of experiments twelve years back upon the clinical values of urea, and crystallised their investigations to the amazement of the western medical world and to the gratification of us, sons of the Aryan line, to whom those results were long familiar, but requiring ampler exposition from a scientific point of view. They conclude their investigations with seven principles underlying the utility of urea[2] :—

"1. From our laboratory and clinical tests we conclude that urea as an antiseptic acts in the presence of blood.

2. That it is innocuous to animal tissues.

3. That in the quantities that can be used in wounds it is non-toxic.

4. That by its use at least half the labour necessitated by other methods of treatment is saved.

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(1). **Studies in Indian Life and Sentiment.** By Sir Bampfylde Fuller, K.C.S I, C.I E., London, John Murray, 1910. P. 151.

(2). **The Lancet,** 4th December 1915. Article on "Urea as a Bactericide and its appiication in treatment of wounds." By W. St. C. Symmers, Prof. of Pathology, Queen's University, Belfast; and T. S. Kirk, Principal Medical Officer, Ulster Volunteer Force.

I am highly obliged to my friend Mr. K. V. Subba Rao of the Madras Medical College, for having traced this back number for my sake from the archives of the Connemera Library, and copying the article specially to facilitate my investigations. My thanks are due to him for the service done in this respect.

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5. That during its use, the processes of repair are not at all retarded.

6. We believe that the most striking results will be obtained by its use as a first-aid dressing

7. It prevents suppuration arising in wounds from chronic blood infections".

Prof. Symmers during the course of the article observes—"Thus in urea we have a substance which in the dry state is pronouncedly stable, which is practically non-poisonous, and which even in low concentration (3%) affects the growth of bacteria,..... and which is markedly bactericidal to non-sporing bacteria in the higher percentages. This bactericidal effect is active in the presence of blood and such like organic fluids."

Another set of experiments performed by Drs. Crawford, Hamilton and McIntosh of America have proved quite recently the use of urea as a diuretic in advanced heart failure. Before summing up their investigations it is only proper for me to mention the practice enjoined by our ancestors of making an extensive use of PANCHGAVYA which contains milk, urine, dung, sour-milk, butter and GOROCHANA (a pigment prepared out of the bile and urine of a cow). In the course of these experiments the learned doctors say[1] : "Urea was given with a view to re-establishing a normal water-balance by maintaining an adequate urine output, and also when slight œdema has collected to bring about its removal." The following passages bring out the unfailing efficacy of urea in advanced cases of heart failure. "As soon as the administration of urea was stopped, the urinary output immediately fell and the clinical condition became worse. When treatment was resumed an improvement again took place. The increase in urine output varied with the dose and followed closely by the curve of urea excretion. With continuous administration the daily volume was maintained at an almost constant level." The article concludes, "by suggesting that urea is a useful drug in cases of heart-failure with œdema in which the treatment of the cardiac condition has failed to remove the œdema or maintain an adequate water excretion."

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(1). Quoted in **The Antiseptic** Edited by Hon'ble U. Rama Rao and U. Krishna Rao, Madras, March 1926. Vol. XXIII., No. 3. Pp. 168-169.

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I have now only to treat of vaccination and conclude this chapter. The Sardar Saheb of Gondol writes[1] : "Inoculation for small-pox seems to have been known from a very early age. Long before Edward Jenner was born, certain classes in India, especially cow-herds, shepherds, Chamars and the like had been in the habit of collecting and preserving the dry scabs of pustules. A little of this they used to place on the forearm, and puncture the skin with a needle. In consequence of this inoculation the classes are supposed to have enjoined a certain amount of immunity from small-pox. Dr. Huillet, late of Pondicherry, assures us that "Vaccination was known to a physician, Dhanvantari, who flourished before Hippocratus." In preparing the lymph used in inoculation in case of small-pox, a toll is levied on the cow-life in India. My friend Dr. K. Doraiswami Naidu, the local veterinary officer at Masulipatam informs me that the cows selected for the purpose of extracting the lymph do not thrive well after the process of operation is undergone. The outer portion of the abdomen of the selected cow-calf is first of all shaven and the small-pox bacilli injected into its system. The pustules develop on the prepared portion of the belly and from that lymph is extracted. After this it is confined to refrigerent rooms. It is then packed, after a proccess of purification, into tin tubes and is thus made available for public use. This cumbrous process, which causing pain both to the animal and to us who will have to get inoculated by means of punctures on the fore-arm, is involving an appreciable toll upon cow-life in India.

But, thanks to Prof. Besredka of the Pasteur Institute, Paris, this toll upon cow-life is taken away at the present day. He conclusively proved that immunity is a local thing in case of small-pox. Inoculation by puncturing the fore-arm is quite unnecessary and the circulating system as a whole need not be disturbed. The usual process of obtaining lymph may well be abandoned. "The new method of Prof. Besredka suffers from none of the disadvantages, since the immunising agent is contained in tabloid form, is taken through the mouth, has no untoward reactions, and is perfectly safe for infants, invalids and the aged. At present the injection of dead culture into the blood-stream is intended to induce a general immunity, but the Besredka theory is this : that as all invading micro-organisms have a selective affinity for some particular organ, so there should be a definite protective vaccine for each organ. Thus

(1). A Short History of Aryan Medical Science. P. 179.

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he found out that dysentery and cholera bacilli make their way straight to the intestinal wall ; a rabbit was inoculated with these bacilli through a vein in its ear, and was killed five hours later. The autopsy showed all the bacilli on the intestinal wall—they had made their way there as fast as they could, disdaining all other homes. All that is necessary then to immunise against dysentery or cholera is to immunise the intestinal wall, since this is the only organ open to attack and the best way of immunising it is by the most direct route, that is through the mouth. But there was difficulty in the way for the dead bacilli in the tablet could not find their way through the wall at all times. Only and when there was a free excretion of bile was ingress possible. Prof. Besredka's solution to this difficulty was to include in the tabloid a certain portion of synthesised bile to act as a sort of key to the gates on the wall of the intestine"[1].

This is only a recent discovery and has just made its way into India. Modest quantities of Prof. Besredka's tabloids are now being used. A popularising of this harmless kind of treatment would remove the strain put upon the life of the cow as entailed by the ordinary methods of obtaining vaccine, and thus prove to be an asset to India as far as the cattle of the country are concerned.

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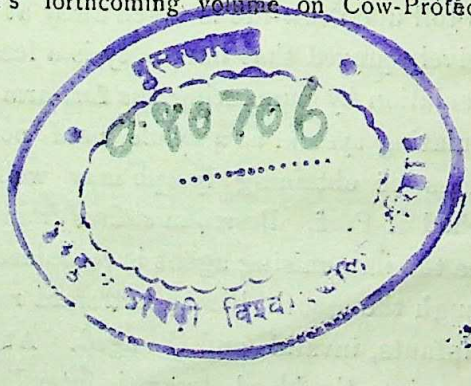
(1) **Kalpaka: The Psychic Review of the East.** Article on "Vaccination Through the Mouth." April 26, 1926. Vol. XXI., No. 4. Pp. 159-60.

A chapter from the author's forthcoming volume on Cow-Protection in India.



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KAUMARA BHRITYA IN AYURVEDA.

(Continued from our last issue).

Definition of (1) Dantabheda :—During the period of first dentition, the child will suffer from fever, vomiting, bronchitis and headache. This malady is called Dantabheda in Ayurveda.

Modern view compared.—"It is very difficult to be sure whether teething alone is ever a cause of fever, but in the case of children of unstable nervous system I think it may be. There seems little doubt, that it was the cause of a prolonged pyrexia in the following case :—

"A boy aged 2 years had an attack of tonsillitis with a temperature five weeks before he was first seen, and there had been an evening rise to 100°F. ever since. He was rather constipated and required aperients in considerable quantities. Physical examination revealed nothing and a specialist reported the throat as normal. A bacteriologist also failed to throw any light on the cause of the fever. The temparature continued for several weeks, but suddenly ceased coincidently with the cutting of a back tooth." (Hutchison)

"You constantly find bronchitis as one of those catarrhal manifestations of rickets of which I have already spoken, *and you will find children will get an attack of bronchitis every time they cut a tooth.*" (Hutchison).

Definition of (2) Danta-ghata :—During the period of the temporary teeth falling away, the child suffers from fever and vomiting. This disease is called Danta-ghata. (Sarngadhara).

Definition of Danta-Sabda. (3) Danta Sabda :—While sleeping the child begins to grind his teeth. This disease is called Danta-Sabda.

MODERN VIEW.

Tooth grinding :—Hutchison brings this disease under nervous disorders. "There are also various degrees of disturbance and restlessness at night, which cannot be fairly classified as night-terrors. One of the mildest forms is grinding of the teeth. Such cases can be recognised by the fact that the teeth are bevelled down to the same level." (Lecture XX).

Definition of Akaladanta. (4) Akala-Danta :—If the teeth of children fall away before the time of temporary teeth-falling,

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children will suffer from fever etc. Then this malady is called by the name of *Akaladanta.*

Definition of Ahipatana. (5) If the rectum and surrounding place is not washed properly after the child passes urine and stools, an inflammation will form with an itching sensation and this inflammation is called by the name of *Ahipatana.* (Sarngadhara).

"A sort of itch-like eruption appearing about the anus of a child owing to a deposit of urine, perspiration, fœces etc., consequent on the neglect in cleaning that part, the eruptions which are the effects of deranged blood, and Kapham soon assume an eczematous character and exude a purulent discharge on account of constant scraching. The *Vrana* soon spreads and coalesces, and proves very obstinate and very fatal in the end. The disease is called *Ahipatana.*"—(Sushruta, Nidana, Ch. 13.)

Modern Name "*Intertrigo* is the result of a fretting or galling of the skin by some superficial irritation. Such irritation may be brought about by the excreta, in which case extensive intertrigo may occur over the parts covered by the napkins whence it may spread to the backs of the legs and their heels from their being drawn towards the buttocks during the attacks of colic. The diagnosis of simple intertrigo is not usually a difficult matter, but it is not always easy to tell it when it is confined to the buttocks and perinæum from the rash of congenital syphilis. The eruption is bright red insted of being reddish brown along with the absences of other evidence of congenital Syphillis". (Hutchison's Lecture 35).

Definitions of Mukha-Paka. (6) A swelling appears in the mouth and afterwards it suppurates. This is called *Mukha-Paka.*

Mukha-Srava. (7) If there is excess ofsalivary secretion in the mouth of children constantly it is called *Mukha-Srava.*

Guda-Paka.—(8) A swelling appears near the rectal orifice and suppurates afterwards by the excitement of Pitta dhatu. This is called *Guda-Paka.*

Upasirshaka.—(9) If the child gets swelling upon the head with fever it is called *Upasirshaka.* (Sarangadhara-Balaroga).

Modern name.—Rheumatic Nodules.

(11) Owing to the simultaneous excitement of the three Doshas, abscesses will form near the Vasti and upon the head.

The one which appears at Vasti is called *Mahapadma.*

" " upon the head is called *Padmaruna.*

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(12) *Vicchinnaka.*—A kind of disease of the palate.

Parigarbha and its symptoms. (13) Owing to the child sucking the milk of a pregnant woman the child will suffer from Dyspepsia, Vomiting, Lazyness, Wasting, Arochaka, and she will get fits. She will have a pot belly. Then this is called *Parigarbha.* (Sarangadhar).

Modern view compared.—"You must remember always to cut his teeth because he is rickety from being fed on the breast too long".

"The too prolonged nursing leads almost inevitably to anæmia, the explanation of the fact is probably to be found in the poverty of human milk in iron." (Hutchison).

Rickets in Ayurveda. (14) Owing to not having proper food to Dhatus the child will become weak ; this is called *Daurbalyam.*

"Rickets is one of the nutritional disorders" (Hutchison).

Definition of Gatrasosha. (15) Owing to the excitement of Doshas "Vata, Pitta, and Kapha" the body of the child wastes away. This is called *gatrasosha.*

(16) Due to the excitement of Vata-dosha the child passes urine on the bed, without consciousness. This is called *Sayyamutra.*

Sayyamutra, the noctural incontinence of Ayurveda. "Noctural incontinence or enuresis. The exact nerve mechanism of the bladder is not fully understood, but for the practical purposes you may compare enuresis to the automatic action of the bladder which you find in many diseases of the spinal cord ; and probably it has a very similar explanation. Just as in diseases of the spinal cord, when the brain impulse is cut off by a lesion higher up, the bladder takes to emptying itself automatically when it is full, so in children the brain cortex has such an imperfect control over the lower centres that the bladder may take on spontaneous action".

(R. Hutchison)

Infantile Ophthalmia. (17) *Kukunaka.* "The seventy six kinds of eye-diseases herein mentioned before occur to adults as well as to infants, but a peculiar disease, due to the action of deranged Vata, Pitta, Kapha and blood, manifests itself in the eyelids of an infant and this is known as kukunaka. Its existing cause is the vitiated condition of the breast milk of the mother. In this disease there is excessive itching in the eyes, and the child frequently rubs his eyes, nose and forehead with his fist. There is

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constant lacrymation and the child cannot bear the least light of sun's rays. (Sushruta, Netraroga).

(18) Constant crying of the child is called *Rodana.*

Definition of :—(19) *Ajagallika.* The specious of pimples or eruptions which are shaped like the *mudga* pulse and are glossy, knotty and painless is called *Ajagallika.* They are of the same colour as the sorrounding skin and their origin is usually ascribed to the action of deranged Kapha and Vata. The disease is peculiar to infants. (Susruta, Khudraroga.)

Infantile diseases and their diagnosis. A child constantly touches its diseased part or organ and cries for the least touch. If the seat of the disease be its head, the child cannot raise nor move that organ and remains with its eyes closely shut. A disease seated in its bladder gives rise to retention of urine, thirst, pain and occasional fainting fits. A retention of urine and stool, discolouring of complexion, vomiting, distension of the abd men, and gurgling in the intestines indicate the seat of the disease to be its koshta. A constant crying would signify that the diseased principle extends all through its organism. (Sushruta, Sarira, Ch. X.)

Hints on the treatment of children. The Doshas (Vata, Pitta, and Kapha), Dushyas (Rasa, Rakta, Mamsa, Meda, Asthi, Majja, and Sukra), Malas and the diseases also, which affect the adults, affect also the infants, the difference only being measure and degree. The measure, however, of these in the case of infants is less. Considering the tenderness and dependence (so far as the carrying of life processes outside the body, their food, etc. are concerned) of infants on others, emetics and the rest should not be prescribed for infants.

The physician, well used in science, considering the capacity of infants for speech and independent exertion, should administer medicines in small measures, agreeably to the ailments that afflict them. The physician should carefully administer unto an ailing infant, drugs that are sweet and astringent in taste mixed with milk and of mild virtues of action.

Medicines and drinks and food that are exceedingly fatty or oily or dry *i.e.*, unoily or heating or sour or that becomes acrid after digestion or that are heavy, are injurious to infants.

(Charaka, Chikitsa, Ch. XXX.)

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compounds, which, as a rule, belong to the aromatic series and produce amongst others the peculiar bad fæcal smell.

The fermentative group of cases should be treated chiefly with protied food and the putrifactive group with a lacto-vegetarian diet. It may be noted that vegetarian India suffers generally from the fermentative form of dyspepsia.

General Indications for the different Food priniptes in Auto-intoxication.

NITROGENOUS FOOD.

In the putrifactive group :—(*a*) Diminish as much as possible nitrogenous food from which the intestinal bacteria (proteolytic) colli) derive their nourishment. (*b*) Absolutely prohibit those that are favourable media for the development of bacteria and form veritable culture bullions. (*c*) Eggs should be preferred to meat as being less liable to putrifaction in the intestines.

Wegele thinks that at the beginning it is advisable to replace milk by any of these fermented milks like Koumirs, Keppir, Yoghurt (also Dahi of India). The lactic bacilli kills the proteolytic group of bacilli. Give cereals like barley, wheat, rice and thin flours. Later on fresh soft boiled eggs and finally small quantity of white meat. Meats reach in nuclein like liver, kidney, brain, sweetbread and those that tend to decompose as fish and red meat should be prohibitted altogether.

Tibbles thinks that animal proteins are more prone to bacterial decomposition than vegetable protiens. They are both sources of amino-acids but in different proportions. More Indol is produced from animal than vegetable proteins. Hence he agrees with Wegele and prohibits meat altogether.

We must add that animal protein aggravates the already existing constipation, which is more common in the putrifactive group. But we must not fail to note that the personal factor should be taken into consideration.

For example in the case of Indians ordinarily unaccustomed to meat and eggs the peptic secretion is weak and tryptic secretion is strong. The reverse is the case with Europeans. Fresh milk coagula (chhana) is better borne by Indians than eggs and vice versa.

FATTY FOOD.

Avoid meat fat which increases putrifaction. Give fresh butter whose action is much less harmful.

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FARINACEOUS FOOD.

Introduce into the diet as much farinaceous food as possible. To get benificial results saturate the intestines with carbohydrates. The patient must be filled with farinaceous food. He should not take any protied milk or meat unless diluted with 5 or 6 times the quantity of farinaceous element. Then an intestinal putrifaction may be avoided.

Milk mixed with starchy gruels in the proportion stated above is better borne than milk alone, partly owing to prevention of formation of a large milk clot in stomach and partly owing to anti-putrifactive action of starch which is joined to milk lactose, so that the latter is not rapidly absorbed.

A still better result is obtained by curdled milk or fresh cheese. The chief difficulty is the personal factor—when casein is intolerated, it should be replaced by whey ; in intolerance for fat use butter milk (Kemp).

Tibbles states that in lacto-vegetarian diet bread, potatoes and legumens should be avoided, because they give rise to most organic acids and flatulence. Since rice, sago, arrowroot, and barley are almost absorbed in the upper part of the small intestines, they are not carried to the Ileum, where otherwise the slower peristaltic action and alkalinity favour bacterial growth.

A tumblerful of hot water is advised in every case of auto-intoxication to be sipped first thing in the morning and another the last thing before going to bed at night.

In the *Saccharo-butyric type* of intestinal putrifaction due to Bacillus Ærogenes capsulatus, Kemp advises a diet predominating in protein. Indians not accustomed to meat, should take "chhana" (milk-nitrogen and milk-fat) in place of meat. White meat, (*e.g.*, of birds) should be preferred to red meat of animals and certain aquatic birds (duck) and animals (some fish and tortoise).

These cases, says Kemp, do not tolerate carbohydrates or acids, Flatulence and diarrhœa follow administration of starch (sugar). Curdled milk containing acid (Dahi) does not agree.

The *mixed types* bear fermented milk well, not too-acid (Lactic). They should take mixed, easily digestible, light diet, masticate it well, cleanse the teeth and correct gastric disturbances by suitable digestive ferments (Taka diastase, Liqr. Pancreatiens etc.) and Lactic bacilli sugars should be prohibited, starch cut down and meat eliminated if indican is present in the urine.

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L. M. S.,—Hazaribagh.

(*Continued from our last issue.*)

Food in Bidhagdha-jirna—(Hepatic dyspepsia).

Give light food having bitter, sweet or acid taste which checks biliousness. Whey medicated or otherwise is also very good.

European Practice.

Restrict the injestion of Nitrogenous food for the hepatic secretion promotes destructive metabolism of albuminoid constituents of protien matter, not so dealt with by gastric juice.

But a purely carbohydrate diet is not desirable for it reduces hepatic secretion considerably.

Food in Bisthabdhya-jirna—(Tympanites).

Give light food and hot water to drink and for bath. The object of sipping hot water is to rouse the intestinal nerves to stimulate peristalsis by which the flatus of fermentation is passed out through the upper or lower orifice of the gastro-intestinal tract.

Food in Severe Clinical Syndromes of Auto-intoxication like Bisuchika, Bilambika and Alasak.

"*Bisuchika*" is not cholera but acid-intoxication causing vomiting and purging accompanied with colicky pains like that caused by insertion of pins and needles.

"*Bilambicka*" is the opposite condition with no vomiting or purging. The abdominal nerves are temporarily paralysed, *e.g.*, Appendicites, Peritonites etc.

"*Alasaka*" is acidosis (systemic not local) with constipation, tympanites and coma as in diabetes or Cardio-renal disease at the terminal stage.

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In the beginning of local acidosis of the G. I. tract (alimentary or intestinal toxæmia) it is better to withhold all food and make the patient fast.

This is to be followed by light diet as in indigestion in general *e.g.*, starch gruels with or without soup of pulse, fish, meat or vegetables according to indication and stage of disease. Luke-warm water should be drunk.

Avoid curd, sweets, milk and other heavy indigestible articles of diet. If patient becomes very weak after fasting give rice with meat soup.

If food is quickly given there is danger of relapse which is often more severe than the original disease, for the vitality is meanwhile much lowered.

EUROPEAN PRACTICE.

Auto-intoxication.

Combe gave the name of auto-intoxication to alimentary or intestinal toxæmia, a condition only recently recognised. According to Urban, sedentary habits combined with over-eating, drinking to excess and general dietetic errors produce intestinal stasis and if long continued is apt to bring about toxæmia resulting from absorption of abnormal food products.

Metchinkoff and Arbuthnot Lane hold auto-intoxication directly and indirectly for a very long list of ailments and diseases. The symptoms may point either to the gastro-intestinal tract or the Nervous system.

The intestinal toxæmias may be broadly grouped under two heads—fermentative and putrifactive. The former are due to amylolytic and the latter to proteolytic groups of bacilli and these are opposed to each other. That is if a colony of proteolytic group does not get sufficient pabulum of protien to thrive, they die and vice versa. Further the proteolytic are enemies of the amylotytic and devour each other. The indications for dietetic treatment is clear.

In fermentative group, the fermentation of carbohydrate food gives rise to toxic products, *viz.*, carbonic acid gas and various organic acids which produce gas in the intestine and tympanites.

In the putrifactive group, the putrifaction of proteins gives rise to toxic products of the various Nitrogen and Sulphur

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Avoid also enema by syringe, drinking of excess of water, incompatible articles of diet, non-attendance at calls of nature like urination and de-fœcation, cœtion in excess, riding horses, elephants and sitting on hard places.

Discussion of certain varities of Food stuff.

(1) "Ghrita" is good in "Vayu" variety from camel's milk.
(2) Goat's milk in "Pitta" variety.
(3) Vegetables like Neem-leaf soup in Vayu variety.
(4) Palta (leaf of Patole) in Pitta variety.
(5) Meat juice in Vayu variety and Kapha variety.
(6) Wheat-bread in Vayu variety and Kapha variety.
(7) Whey is generally very good particularly so in Vayu-Kapha variety when the internal channels are blocked. Good when given with Rock salt.

Soups—prepared from pulse, milk and water, meat soup of jungly animals.

Milk – Goat's milk medicated
Camel's milk (Saline taste.)

European practice in piles.

Dietetic treatment often relieves hæmorrhoids and in some cases, will cure the patient.

Hæmorrhoids are more frequent in persons of full habit who are gross eaters and drinkers. When Hæmorrhoids are inflamed, there is much scope for dietetic treatment.

According to Hawkins, large meals with much alcohol aggravates the trouble. Diet should be such as will provoke little gastro-intestinal conjestion.

The patient should adopt a rigorous diet, become a teetotaler and help the bowels by mild purgatives. Meals should be small and simple ; "little and often", should be the motto. Spices and condiments should be forbidden and the patient is better without tea or coffee. Water should be limited—Nitrogenous food should be restricted.

The diet should consist of diluted milk or very weak tea with butter, eggs, carbohydrate, potato and honey, raw and stewed fruits and green salads, cauliflower, whey, and butter-milk.

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BHAGANDAR (Fistula in ano)

Diet in Fistula.

When there is no fever, give Dadhkhani rice, soup of Phaseolus mungo (mug), Barley gruel (diuretic), meat soup of deer and other wild animals (to replace the tissue waste, *e.g.*, albumen in the discharge) and the following vegetables :—

Patole (Tricosanthus Dioica) checks pitta,
Sajina (Moringa Pterygosperma),
Cane, young growing part,
Radish, young ;
also Red Sandal wood (diuretic),
Chiretta (antibilious),
Bitters (Tiktabarga),
Ghrita,
Honey,
according to indications.

TO AVOID FOR A YEAR AFTER CURE

Incompatible food combination,
Excess of quantity or defective in quality of diet (Bishama),
Exposure to the sun,
Exercise of the body,
Coition,
Riding horse and elephant, and
Heavy indigestible articles of diet.

(4) KRIMIS OR WORMS.

These are parasites that infest man and may be of two kinds :—

(*a*) *Bahir-Krimis* or Ecto-parasites living on the outside of the body.

(*b*) "*Antar-Krimis*" or Endo-parasites found inside the body.

The latter are subdivided into—

(*i*) "Raktagata" ... found in the blood.
(*ii*) "Amasayastha" ... ,, in the small Intestines.
(*iii*) "Pakkasayastha" ,, in the large intestines.

Krimis are found wherever waste products of metabolism are retained *e.g.*, filth in the skin, in the blood, in the small intestines (mucus), in the large intestines (as fæcal matter). These filth serve as food for the (micro and macro) parasites to live and

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Most starches are converted to glucose before absorption. Hence, when starches even as thin gruels are not borne, glucose may be given with advantage. Even when glucose solution produces fermentation, it is advisable to give milk-sugar and milk salt as lemon whey, the milk coagulum being removed by straining. If it causes acidity, boiled hot milk may be coagulated when very hot with the addition of carbonic acid gas as soda water. When this is also not borne we should try albumen water as white of egg mixed and stirred with cold water.

"ARSA" OR PILES.

Ayurveda distinguishes several varieties of Piles according to etiology. The question may be asked how piles which is an index of liver conjestion may have different etiology in different cases. When we remember that the pathological changes in any organ may be due to derangement of one or two or of all three Doshas (derangement of one or more links in the sympathetic-endocrine chain) the difficulty is solved.

Further, piles in Ayurveda is used for any protruberance in any part of the body *e.g.*, warts, polypus etc. are all included under "Arsa".

The Pile-bearing area in the last portion of the large Intestine.

This area begins from the outer and lower opening of the large intestine and extends upwards to about 5½ fingers breadth. It is described as divided into three regions, situated one above the other. The lowest is called "*Samgbarani Nadi*," the middle one "*Bisarjani Nadi*" and the uppermost "*Probahini Nadi*". The protruberance may occur in any one or all three sites. Thus there are three kinds of piles according to site.

According to etiology, Piles may be due to :—

(*a*) *Derangement of Vayu*—There is no discharge, only slight throbbing pain, the colour of the protruberance smoky ; the consistency, hard and rough to the touch, and the shape curved or cone-shaped.

(*b*) *Derangement of Pitta*—Bleeding piles, colour blue, soft to the touch and shape elongated.

(*c*) *Derangement of Kapha*—Colour white, smooth to the touch, shape and size thick and broad with slight pain.

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The above are simple varieties.

The more complicated ones are due to derangement of any two or of all the three Doshas and partake of mixed character according to Doshas deranged.

(4) *Due to Deraangement of Blood*—It partakes of the character of group II., except that the colour is red and there is blood discharge due to pressure of fœcal evacuation.

It is of three different kinds according as there is secondary derangement of Vayu, Pitta or Kapha.

(5) Protruberances from the nose, from the skin and from other parts of the body are included under "Arsa" in Ayurveda.

THINGS TO BE AVOIDED.

(1) *In Arsa due to Derangement of Vayu* :

Avoid bitter, pungent and astrigent articles of diet, those which irritate Vayu, excessive cold and easily digestible diet, semi-fast, strong wines, fasting, living in cold country, excessive physical exercise, excess of grief, winter and exposure to strong wind and sun.

(2) *In Arsa due to Derangement of Pitta :*

Avoid pungent, acid, alkaline and hot articles of diet, excessive physical exercise, exposure to strong sun and fire, hot country and summer, excessive anger, drinking of wine.

(3) *In Arsa due to Derangement of Kapha.*

Avoid sweet, soothing, cold, acid, alkaline or indigestible articles of diet, want of exercise, sleep at daytime, luxurious living, East wind, cold country, winter, and want of mental work.

FOOD FOR PILES IN GENERAL.

Rice from old *dadhkhani* variety and soup of pulse known as Kulthi (Dolichos unifloris), vegetables like Patole (Tricosanthus Dioica), Mankachu (aurum Indicum), Ole (aurum companulatum) for their laxative effect, Brinjal, Nim-leaves, Hincha Sag and whey.

Avoid heavy indigestible articles of diet, cold food and meat of animals living in marshy places, fish, curd, "Pitha", Maskalai (Phaseolus Roxburghi), vegetables like beans, "Bael" fruit, gourd, Puisag (Bacella Rubra), ripe mango, etc.

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thrive in these regions. Here is a great indication for suitable diet, which should be light and easily digestible, laxative in its effect with minimum fæcal refuse.

Routine food—Rice with soup of pulses like "mug", "masur" or pea ; soup of small white fish, soup of bitter vegetables like Neem, "Palta" and plantain flower.

To avoid—Heavy indigestible articles of diet,
Incompatible food combination,
"Dahi" (curd) and Maskalai (P. Roxberghi).
Acid, sweet and soothing things,
Fruits like ripe plantain,
Food which form mucus,
Food which leaves a large residue,
Sleep at day time (causes indigestion.)

The condiment Turmeric is useful in several kinds of micro-parasites and is used as a routine condiment in Indian homes.

Abdominal Tumours.

There are several varieties :—

(*a*) Enlarged Liver and Spleen.

(*b*) Gulma—local, due to wind.

(*c*) Udari—generalised tumour subdivided into—

(1) "Soth" or Œdema,

(2) "Jalodari" or Ascites,

(3) "Medodari" or Fatty tumour.

Splenic and Hepatic Enlargements.

These are considered together in Ayurveda.

Etiology—By repeated ingestion of injudicious and incompatible foods the "Pitta and Kapha" (katabolic and annabolic hormones) are upset resulting in the production of abnormal chyle. The chyle is deranged by admixture of toxic products of digestion. This deranged chyle while circulating with the blood affects the blood (decreases alkalinity of the blood, causing acidosis and increased susceptibility to infection). Normally this chyle is tinged red (changes into blood) by passing through the liver and the spleen. In its passage through the liver and spleen, the deranged chyle affects those organs producing their enlargements.

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According to Kemp intestinal putrifaction may directly affect the liver and the kidneys. According to Porter, excessive intestinal putrifaction may cause disturbances of hepatic cells. Kemp believes that cirrhosis of liver may result from chronic intestinal putrifaction. (There is no doubt that the "Infantile Liver" of Bengal—hypertrophic cirrhosis—is the result of chronic intestinal toxæmia.

According to Adami, pernicious anæmia and other forms of anæmia may be caused by chronic intestinal putrifaction or through chronic intestinal putrifaction with strepto-coccic infection or through subinfection by bacteria coming from the mouth or with the food.

As regards the spleen, Western medicine considers it as a blood-forming organ as well as a filter for harmful agents not destroyed by the blood, which are passed to the liver. The Younani system of medicine considers that Spleen is directly connected with digestion.

FOOD IN ENLARGED LIVER AND SPLEEN.

When there is associated fever, give food as advised under fever.

When fever is off, give light easily digestible food which do not upset those organs, mixed *with bitters* to prevent indigestion and mucus formation and laxatives.

In Subacute cases :—

give Dadhkhani Rice—

Soup of pulses like "mug" (P. mungo)
or "Kulthi Kalai" (Dolichos unifloris).

Vegetables like—

"Hincha" (bitter),
"Palta"—leaf of Tricosanthes Dioica (bitter),
Karala—Momordica charantia (Do.),
Pads of "Sajina"—Moringa Pterygosperma (bitter)
Unripe "Papiya"—digestive,
Dumur (fig)—bitter,
and Raisins—laxative.

In Chronic cases :—

give in addition small quantity of Goats' milk,
whey from cows' milk,
meat soups of wild animals like deer (little fibre).
Soup of birds' meat (white meat)
according to indications.

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European Practice of Dietary in Various Liver Diseases.

The personal factor in dietary :—Goldthwaite of Boston has recently pointed out that all persons belong to either of two types, the carnivorous or wolf-type, the vegetarian or ox-type. The former can digest a higher protein dietary, while the latter lives on low protein dietary (as Indians generally are). Hence, past dietetic habits should be always enquired into, in every case.

The first point to note is that too much food should not be given at a time.

Meat.—While meat favours free flow of bile preventing stagnation, it must be of such a nature as not to bring indigestion. Fatty red meat as pork, veal, duck, fatty fish, lobsters, crabs etc. should be avoided. But Thenard considers that an exclusive meat diet reduces the alkalinity of bile.

Fat.—It should not be prohibited unless there is insufficient supply of bile as in Jaundice when the greater part of the fat is absorbed direct without passing through the liver. Ordinarily about half the fat goes through the liver, the remainder passing through the lymphatics into the systemic circulation. Binet has however warned with Halewhite that fat of low fusion point should be allowed in cases without Jaundice, such as butter and cream and these must be fresh and free from rancidity.

Carbohydrates.—These are most useful in early stages of cirrhosis and should be continued so long as such subjects can utilise them.

When cirrhosis is accompanied with gastro-intestinal catarrh as is usually the case, the kind and quantity of Nitrogenous diet should be regulated. The diet should not be towards excess, non-stimulating, light and easily digestible.

Food in such cases should be highly nutritious, small in bulk, non-irritating, leaving little residue capable of speedy digestion and absorption.

Rolleston says that food should be more generous in hypertrophic than Portal cirrhosis. In the early stage of cirrhosis, the diet should be Lacto vegetarian.

Vegetables contain little nutriment, their watery content is very great, they are very bulky and should not be given. In

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marked intestinal catarrh accompanying cirrhosis vegetables are apt to aggravate the catarrh.

Spices and condiments are apt to be harmful in portal cirrhosis. Alcohol should be prohibited.

Starvation is useful in torpid Liver.

In *tropical hepatites* no meat, fat, butter, fruits, wines etc. are allowed.

In *biliousness* there is over-secretion of bile. If neglected it will lead to gout, specially in old persons. Liver should be taxed as little as possible for "the digestive apparatus is on a strike" and a non-stimulating deit is indicated with plenty of fresh succulent vegetables and fruits. Fats and Sugars do not suit.

GULMA—Abdominal tumours.

These tumours are local, appearing at one time in one place, at another time in another, often due to wind caused by indigestion often accompanied with colic.

It should be distinguished from "Rakta-gulma" which is ovarian or uterine.

The first procedure is fasting to relieve the fermentataion and laxatives to remove the waste products of digestion.

Food should be light, soothing, stimulating, nutritious and appetising. All substances that cause fermentation should be avoided.

Old Dadhkhani Rice,
Thin gruel of Starch,
Soup of Mug or Kulthi Kalai,
Soup of meat of animals living in uplands,
Small doses of Alcohol,
Goats' milk, whey, calf's urine (urea stimulates liver).
Fruits—Pomegranates, Grapes, Dates, Lemon, "Phalsa" and other slightly acid fruits.
Vegetables like—
Young radish,
Hincha,
Beto Sag,
Sajina.
Also Garlic,
Assafœtida,

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Alkali (Javakshar),
Trikatu (3 carminatives),
Myrabolams (Haritaki, Amlaki).

To avoid articles of diet that induce fermentation and tympanites.

Incompatible articles of diet,
Dry meat, vegetables and fish,
Sweet fruit,
Articles heavy of digestion,
Immediate non-response to calls of nature,
Taking excess of water.

European Practice.

In the first stage starvation is advised for 24 to 36 hours. As Fenwick pointed out starvation or fasting in adults produces no ill-effects, but in debilitated persons, aged and in children it is injurious.

Ayurvedic practice is similar. When fasting is indicated, it should not be done in the cases of children, old men, pregnant women and debilitated individuals.

The next food is milk diluted with lime water, soda-water, barley-water. In severe cases egg-albumen, water or whey may be tried.

According to Hawkins, milk should be diluted 4 to 1 and the dilution progressively decreased. A little brandy or sherry may be given with advantage.

Milk is recommended as a standard diet on account of its highly nutritive value, its power of checking acidity of the stomach and its diuretic or laxative effects.

Raw milk requires a considerably longer time for gastric digestion and curds are found in the normal stomach after 3 or 4 hours. Cooking alters the curd formation and helps rapid digestion.

Kemp found that milk diluted one-half with water and boiled, is digested in half the time. The higher the dilution, the easier the digestion. Strained soups and strained gruels are more rapidly digested. Hence it is desirable to give milk diluted with strained starch gruels.

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After eating, Kemp recommends, that the patient should lie down for ½ to 1 hour preferably on the right side, in order that the stomach may empty itself more readily.

The personal equation should always be taken into account and whey or egg albumen water may be substituted according to the patients' idiosyncrasy. Milk usually disagrees except when hyperacidity exists. Milk curdled by lactobacillin often agrees especially when there is the opposite condition of deficient acid in the stomach.

Chronic gastrites is a disease of civilization. It occasionally supervenes in long-standing hyperacidity. The secretion of H. C. L. is generally diminished.

Rest in bed is essential in the beginning for 10 days to 2 weeks. The following plan of dietary is advocated by Strumpell.

(1) Certain foods which disagree with the individual who is careless about his diet should be strictly forbidden.

(2) All foods that mechanically or chemically irritate the gastric mucosæ, *e.g.*, coarser vegetables and fruits should be avoided.

(3) All strongly salted, highly spiced or strongly acid dishes should be avoided.

(4) Potatoes and other farinaceous food and fats should be interdicted. But we must not go too far in absolutely prohibiting fat and starch.

(5) Alcoholic beverages should be interdicted. In mild cases small quantity of beer may be permitted.

According to Fenwick—

Fluid should be restricted.
Milk or sour milk should be tried according to indications.
Semi-liquid form of milk may be given.

Meat—Fenwick does not think that meat should be completely withheld in defective gastric secretion. For the motor power of the stomach is retained and any diminution of gastric secretion is amply compensated by increased biliary and pancreatic secretion, but as Hawkins says, protein digestion is at a low level and carbohydrates are apt to disagree. Hence both should be given in small quantities with due caution and closely watching the effect of the dietary on the patient.

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Kemp advises rest to the patient in bed for sometime on a bland, easily digestible dietary *e.g.*, milk and barley-water for the 1st 48 hours. If there is vomiting, milk should be peptonized. If plain milk is objectionable give butter-milk or koumiss. The diet should be fluid. The addition of carbo-hydrates in any quantity produces flatulence.

Later on egg, white-fish, breast of chicken, underdone meat, butter toast, etc. should be given. The necessity for keeping the diet exceedingly simple can not be too strongly emphasised. Sugar, spices, condiments and alcohol are forbidden as also other stimulating drinks and tobacco.

Kemp advises that alcohol should be omitted, meat restricted but not carbohydrates. Cream, butter, yolk of raw eggs should be given.

UDARI (Abdominal Swelling).

Three kinds of Udari have been differentiated as follows :—

(1) "*Soth*" or Œdema,
(2) "*Jalodary*" or Ascites, and
(3) "*Medodary*" or Fatty deposit.

SOTH or ŒDEMA.

This may be due to derangement of one or two or all the three "Doshas" following injury or operation or the external application of an irritant or as a complication following fever, liver, spleen, anæmia, jaundice etc.

FOOD IN ABDOMINAL "SOTH".

Give light and easily digestible food with articles of bitter and pungent taste to sharpen the appetite.

Give old Dadhkhani rice-gruel,
Barley-gruel which is easily digested ;
Soup of pulses (Mug & Kulthi Kalai) ;
Soup of meat of animals like hedgehog, peacock, partridge, chicken, tortoise, deer, etc., and of "Singhi" fish ;
Old Ghee, Whey, Wine, Honey ;
Bitter vegetables like—
Sim (Dolichos unifloris),
Karela (Momordica charantia),

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Young shoots of cane,
Sajina (Moringa Pterygosperma),
Kakrole (Tricosanthus),
Mankachu (Aurum Indicanum),
Patole (Tricosanthus Dioica),
Bringal,
Radish
Punarnava leaves,
which are diuretic also.
Urine of calf, goat or buffalow (urates stimulate Liver) according to indications.

Things to be avoided :—
Bad air and water,
Delay in attending calls of nature, specially urination and defœcation,
Incompatible articles of diet,
Diet excessive in quantity or defective in quality,
Meat of animals grazing in marshes,
Salt,
Dry vegetables (wanting in vitamines),
New rice (heavy of digestion),
Sugar and Sweetmeats,
Curd,
"Khichuri",
Wine undiluted with water,
Acid articles of diet,
Heavy indigestible articles,
Sleep at day-time, and
Cœtion.

EUROPEAN PRACTICE.

Œdema is a lessened alkalinity of the tissues, local or general, that is a local or general acidosis of the system.

It blocks the circulation by accumulation of carbonic acid in the venous blood.

Not only the circulatory but the lymphtic system may be blocked at their terminals with impssable œdema.

It waterlocks the liver and greatly interferes with the destruction of toxins conveyed by the labouring portal vien.

It further blocks the kidneys.

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Acute Peritonitis.

The accompanying symptoms are pain, tympanitis, vomiting or diarrhœa (if tubercular). There is engorgement of the liver and insufficient excretion through the kidneys. These are the salient points for a practitioner to note and intestinal stasis resulting therefrom must be combatted.

In local peritonitis (*perihepatitis* for example) the incapacitated organ is incapable of performing its appointed function of eliminating toxic material. We must not tax its halting powers too severely. The reduction of fat and animal nitrogen fulfils the indications.

When cirrhosis occurs due to the shrinking of the organ, there is a damming back of the veinous reflex from the abdomen and *Ascites* appears. A regimen with a diuretic tendency like lettuce, cellery, asparagus, fruit-juices, vegetables rich in potassium, and sugar in moderation are indicated. Carefully avoid protein food with its poisonous possibilities.

If there is *collapse or vomiting*, a little brandy or champaigne should be given to pull up the patient, iced in the latter case, in spite of cirrhosis.

In tubercular peritonitis with a tendency to diarrhœa, fruit juices, egg-albumen, broth and gruel, creating little tendency to flatulence, will supply the patient's needs, *viz.*, to keep up nutritional efficiency by intensive feeding to manitain an unyielding front to the assault on the system.

Milk diluted with vichy, konmiss and vichy will be the first addition advisable. If well-tolerated, it should be re-inforced with egg-albumen.

When *meterioism* is the chief complication, milk should be avoided, for it tends to aggravate the condition.

When there is *diarrhœa*, fruit juices should be avoided, for they stimulate Catharsis. Broths and gruels offer the same objection. White meat, egg of chicken, vegetables with little residue and small quantity of alcohol should be given.

Acidosis should be combatted with glucose and alkaline and neutral salts of fruit and vegetables.

In acute diffusive peritonitis with vomiting, brandy by the mouth and rectal feeding should be resorted to. After two days when the patient is a little better, cautiously try fruit-juices,

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egg-albumen and thin gruels according to indications. Milk is of doubtful value as it aggravates flatulence besides idiosyncracy.

Broths of animal food should not be given unless the examination of urine gives substantial encouragement, *e.g.*, Indican, diatetic acid, etc., for toxins from animal products aggravate the *acidosis* as the liver is unduly taxed and elimination retarted. Edibles prejudicial to the liver are interdicted.

Fats are hard to digest and so they should be restricted and absolutely prohibited if there is jaundice.

Proteins after digestion by the enzymes of intestines are absorbed into the portal circulation and carried to the liver to undergo recasting or reconstruction (what change actually takes place is not quite clear) to adapt them to the purpose of ultimate metabolism. The passage through the liver is an essential preliminary to the final disposal of the digested products of proteins, *e.g.*, the proteoces, the peptoses and amino-acids. When liver is incapacitated, the incomplete conversion of protein is a serious menace to the organism.

UDARI OR TUMOUR OF ABDOMEN.

Various kinds are described. Etiologically it may be due to irritation of one or more Doshas by various ways, *viz*:—

Irritation of food, *e.g.*, cellulose or sand taken with food (Bandha-udari).

Irritation of food containing short sharp vegetable spines etc., (Kshata-Udari).

Jalodari or Ascites.

Due to liver or spleen.

Jatodakodari or Ascites with diarrhœa.

Food similar as in "Soth" or Œdema *viz.*, light, bitter and appetizing.

Old Kulthi Kalai or Mug soup,
Old Dadhkhani rice,
Soup of meat of wild animals and birds,
Barley or other light gruel,
Wine and Honey, fermented or otherwise,
Whey,
Garlic and Ginger, Cardamom,
Castor oil, Alkali (Javakshar).

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Vegetable—Hincha Sag, Patole, Karela, Punarnava, Sajina, Haritaki, Betel.
Milk of cow, goat, camel or buffalo.
Urine of cow, goat, camel or buffalo.
according to indications.

To avoid heavy indigestible articles of diet,
Soothing fatty articles like Ghee,
Smoking,
Drinking excess of water,
Riding,
Vomiting,
Sleep at day-time,
Meat of animals living in marshes,
Til (oily substance),
Hot articles of food,
Salt,
Rahar dal
Incompatible articles of diet,
Bad water,
Food causing tympanitis.

NOTE :—European practice had been already discussed under Œdema.

MEDODARI (Fatty abdomen).

Reducing diet as in Medo-Rog (Obesity).
Exercise—physical and mental, riding, long walks.
Night-keeping and coition.
Brisk rubbing of skin during bath.
Frequent fasting and purgation.
Exposure to the sun.
Old rice, pulses, fried paddy.
Pungent, bitter and astringent articles.
Whey, Wine, Mustard oil.
Lobster.
Vegetable—burnt brinjal,
Triphala (laxative), Trikatu (carminative).
Cardamom,
All articles which produce dryness.
Drinking before meals.
Drinking and bathing in hot water.

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To avoid—

Cold bath.
Dadhkani rice and Wheat.
Quiet pleasant living and sedentary habits.
Milk coagulum.
Sugar.
Maskalai (P. Roxbergi).
Ghee and other fatty food.
Meat and fish.
Sleep at day-time.
Drinking water after food.
Vomiting.

NOTE. Krisha Rog (extreme thinness and underweight) :— what is good in obesity is bad in extreme thinness and vice versa.

EUROPEAN PRACTICE.

Various reducing dietaries are advocated, *e.g.*, Banting's, Oertel's, Cantley's, Ebstein's, Madah etc.

Their advantages and disadvantages must be carefully gone into before adopting any one of them.

GENERAL DIETETIC TREATMENT OF OBESITY.

Allowed :—

Soups—Very little if any, chicken broth, thin beef tea.
Fish—All kinds except salted or fatty fish like salmon.
Meat—Lean meet once a day, lean beef, lean mutton, chicken, game.
Eggs—Boiled and poached.
Farinaceous—A limited quantity of dry toast, gram or coarse bread, etc.
Vegetables (fresh)—Very little potatoes.
Desserts—Cheese, grapes, oranges, cherries, lemons, apples, peaches, acid fruits (little sugar).
Beverages—Limited quantity of water, butter-milk, tea and coffee (without sugar or milk), light wine diluted with vichy, mineral waters.
Forbidden—Soups, fatty fish, salt fish, pork, veal and other fatty meat, fats, potatoes, oatmeal, spices, rice, beet, carrot, turnip, parsnip, puddings, pies, pastry, cakes, sugar, sweets, milk, cream, malt, spirituous liquors, beer, sweet wine, champaigne.

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General rule—guard againest sugars, starches, excess of fat-forming food. A certain amount of fat is essential.

General directions—Active life, short hours of sleep, most vigorous exercises compatible with physical conditions, free action of bowels, Turkish bath, massage, moderate liquid.

6. Some Abdominal Symptoms.

These are—"Daha" (burning)
"Trishna" (Thirst)
"Bami" (Vomiting)
"Aruchi" (Anorexia)
"Pandu" (Jaundice)
"Sul" (Colic)
"Rakta-pitta" (Hæmatemesis)
"Kostha-Baddha" (constipation).

"Daha" or Burning.

It is due to irritation of Pitta which may be brought about by various ways :—

(1) due to alcoholism,
(2) due to fulness of vessels (excess of blood),
(3) associated with thirst in disease like diabetes,
(4) due to injury by weapon causing internal hæmorrhage,
(5) due to much tissue-waste,
(6) due to injury in "*marmasthan*" or vital parts of the body as described in Ayurveda.

General Dietetic Treatment.

Avoiding hot rays of the sun and remaining in a cold room where cold air is blowing.
Taking cold water bath.
Cooling applications like Santal paste, Ghee washed a hundred times.
Sweat and cooling drinks like Sherbat.
Walking or sitting in moonlight.
Taking light, easily digestible diet which does not excite Pitta.
Bitter food which depresses Pitta.
Slight acid fruits and vegetables.
Specific articles like "Telakucha" in diabetes.

(To be continued.)

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Reviews and Notices of Books.

ASTANGA SAMGRAHA.

We have received a copy of Sri Astanga Samgraha in three volumes of 361, 371 and 482 pages respectively. This compilation contains the original text as also "Sashilekha", its commentary by Indu, one of the renowned and learned pupils of Vahata. This work, hitherto unpublished, has been compiled and published by Wariyar Uzhuthran, the chief Ayurvedic Physician to the Maharaja of Trichur, Cochin State. Ed. 1926. Price Rs. 15/- only.

The publisher has spared no pains to make the issue a success, for which he had to labour for years in collecting the original text and commentary from different parts of the country and getting them in order and suitable for printing. The author's credit is all the more apparent when we find that he has worked out a complete and coherent text book form a chaos of half-lost and incoherent materials. The dealings are exhaustive and exposition quite clear.

The book is in pure Sanskrit and consists of all the five main divisions of Ayurveda viz., Sutrasthanam, Shariasthanam, Nidana-sthanam and Uttarasthanam. The first part deals with the first two divisions, the second with the next two and the third with the remaining subject. The get-up, print and paper are far better than could be expected for a book of such a low price. The style is lucid and pure.

We have gone through the book carefully and our only recommendation is that it is Astanga Sangraha through and through. We welcome the work as it will remove a long-felt want in the history of Ayurveda—the book being ushered into existence for the first time.

We recommend the book to all lovers of Ayurveda as it is sure to teach them much and render unto them valuable and practical help during their studies and practice.

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SHISHUSAMBARDHANA.

A treatise on Nursing children, written in Hindi by Dr. Vashkara Mahadeva Tambe, L. R. C. P. & S. (Edin), L. F. P. & S. (Glas.) Yeatmal ; Pages 124 ; Price Re 1-only ; Ed. 1926.

This nice little volume deals exhaustively with nursing and care-taking of children even from before they are born, and for that he deals with the fœtus in the womb ; he also shows by diagrams all the organs of human body, their functions, pathology, and diseases, with diagnosis and treatment. The book has altogether 12 plates for the purpose and we are of opinion that it has been well served. The first chapter presents a normal healthy child and the subsequent chapters deal with diseases, their preventions, pathology, diagnosis and treatment as also the general nursing of children including diets and mode of bringing them up.

Every medical practitioner interested in diseases of children and child welfare will find the book instructive. The get up, style and mode of exposition have been quite happy and as the book is in the form of a general treatise and follows no "pathy", it will not fail to interest the readers.

CHIKITSA-KALIKA

In Sanskrit with Hindi Commentary :

We have received a review copy of this book by Kaviraj Narendra Nath Mitra of Mitra Ausadhalay, near Tashil Post Office, Lahore ; Pages, 256 ; Price Rs 4/- ; Foreign 6s. 6d.

The book has been printed for the first time from a rare manuscript, the auther of which is Tisantacharyya. A complete commentary written by Chandratacharyya is also printed along with the text.

It contains the essentials of the theory and practice of Ayurvedic medicine. The Hindi commentary is very happy as it will help those who do not understand Sanskrit to apply Ayurvedic treatment and the aim of the book is to furnish the general reader with the working and practical knowledge of Ayurveda, so that the book may well be called a stepping-stone to the Science.

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The bibliography cited at the beginning of the book indicates the literature from which the commentary was compiled, to which the reader is referred for a deeper and wider investigation. Foot-notes have been given here and there to elucidate the text or the commentary.

In our opinion the book is a complete success in its attempt and those desirous of studying or practising Ayurveda should find it of immense help, not only as a stepping stone but also as a guide and keynote.

DIRGHAJIBAN

By Kaviraj Rakhal Chandra Dutta,

A Bengali book published by Jagadish Chandra Dutta, B. Sc. ; P. O. Sabhar, Dacca ; Pages 114, Price as 10 only.

This nice little volume has been written as an advice to the ignorant people as to how longevity may be attained by following simple hygienic principles in our daily life. Nature is always strict and violation of her laws means shortening of life ; on the other hand, sound health is not only a great treasure in this world but is instrumental to a better life on the other side of death.

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We welcome the book and can safely recommend it to all as they will find it of immense help.

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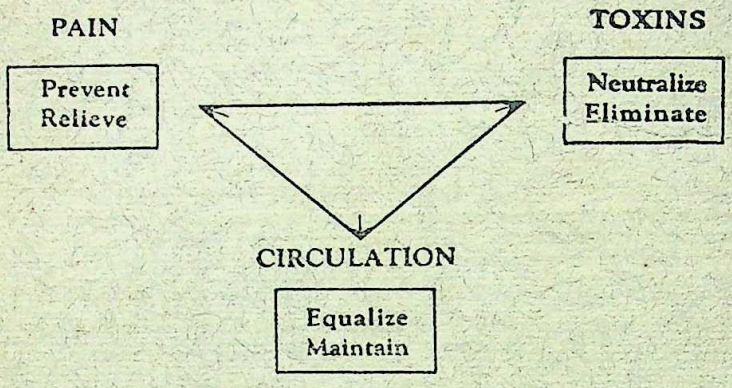

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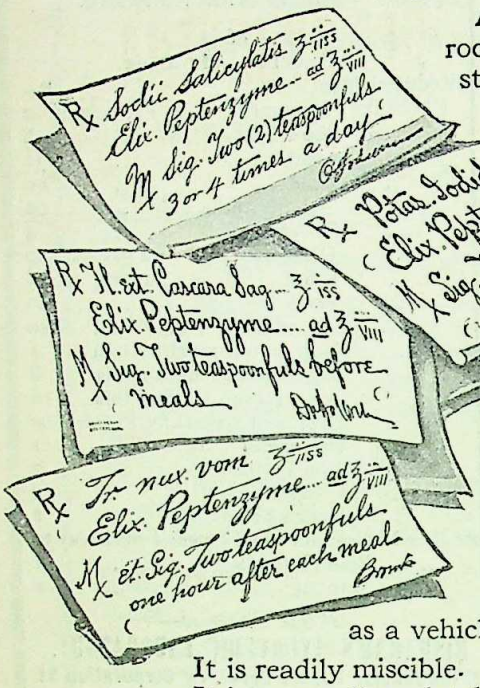

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The Great National Asset.

The greatest asset of a nation is the health of the individual. This is no doubt at a minimum in the modern enlightened times in India, where the death rate is steadily increasing and the average expectation of life has come down (from 120 years as estimated by the Rishis when Ayurveda flourished) to 23 years only. Diseases like Malaria, Kala-azar, Tuberculosis, Plague, Dysentery and a host of other tropical diseases are playing havoc amongst the population of India in the present day.

But apart from the effect of gross diseases causing death, the number of persons temporarily incapacitated or permanently invalidated are considerable, though in absence of records we cannot give the actual percentages. We have, however, no doubt that the percentage of such persons is very high. All these mean an enormous economic loss to India, one of the poorest countries in the world, where the majority of inhabitants do not know what a full-meal is.

Then again the recent report of the Calcutta University Student Welfare Committee tells a very sad tale of considerable decline in health amongst the students—the future hope of the nation. And lastly the Infant mortality in India is estimated on on average at not less than 25%. All these facts tell a very gloomy tale of the future of India.

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Now this increased incidence of diseases and death show a general lowering of the National vitality or that of resisting power of the Nation.

Allopathy explains that the general insanitary condition and the *low state of living* together with change of socio-economical environments are responsible for it. We believe that the last factor is more important than the rest. We have forgotten, on the one hand, the golden rules of personal hygiene advocated by Ayurveda—the result of accumulated wisdom of ages on the spot—and on the other, we have not learnt the hygiene and sanitary laws of modern western medicine.

Ayurveda, for example, used to enforce personal laws of hygiene in the name of religion, which the mass of people readily followed and willingly observed. The individual human soil was thus made more vigorous and more resistant to the attacks of disease and the national health was better than what it is now.

All the oldest medical systems without a single exception *e.g.*, Ayurveda, Younani, Greek, and even the comparatively recent Homœopathy lay more stress on the "soil" than the "seed." It is Allopathy alone which gave more stress on the "seed" than the "soil." The dogmatic modern medicine has fortunately found out its mistake and is slowly turning towards the old idea of greater importance of the "soil over the seed."

It is well-known to students of comparative medicine that ancient medicine in general and Ayurveda in particular paid greater attention to personal hygiene to improve the soil. Modern industrialism with its large aggregate of population in certain localities was unknown, and pubiic health was naturally not so well developed as in Allopathy. We have not only forgotten the laws of personal hygiene as advocated in ancient Ayurveda, quite suited to us, living in the tropics, but we are actually changing our mode of life in apish imitation of the west so much

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unsuited to our tropical India. One need not be surprised therefore that our national health is going down steadily every day as we are trying to attain the standard of so-called *high living* of the west.

In the matter of improvement of National Health, there is no clashing of interest between Ayurveda and Allopathy. The clashing of ancient Eastern and modern Western civilization in India at present is mainly responsible for the steady deterioration of national health. While the angle of vision of our nation is changing, which we cannot prevent, we medical men must modify our advice according to the changed circumstances of our times.

Let the "soil" be made more vigorous by following the personal laws of Hygiene as advocated in Ayurveda, so very applicable to us. Let the "seed" be rendered harmless and eliminated as much as possible by following the Public Health measures prescribed in modern western medicine *e.g.* National health Insurance, medical inspection of schools, baby clinics maternity houses, notification of communicable disease and adoption of various methods of their prevention, industrial hygiene, production of better sanitary surroundings, etc.

While organized work by the State and Societies for human welfare is necessary to make generally costly public health measures a success, individual attempts are quite enough to keep a man healthy and vigorous with his family and friends, if only they care to follow the laws of personal hygiene as advocated in Ayurveda and modify their mode of living, their habits, their dress and their diet accordingly.

We invite the attention of medical men trained in the western system practising in India to study these laws of personal hygiene from old Ayurveda, apply it in practice and promulgate these simple laws amongst their patients.

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Conversely we invite the attention of all conservative Ayurvedists to study the laws of public health from modern books on medicine. When both join hands it is then and then only that we can expect an improvement of our National Health.

We invite the school authorities to prepare text books in the different provincial vernaculars, containing not only modern teaching of hygiene but incorporating the ancient wisdom of the subject as found in Ayurveda and make the subject of personal hygiene and public health a compulsory subject in the carriculum ;—childhood, adolescence and early youth are impressionable ages in human life and once these laws of hygiene are properly learnt and once the habit of living a sanitary life is made, it will result in progressive improvement of our National Health.

All-India Ayurvedic Bidyapeeth Examinations, 1927.

The Simultaneous Examinations of the A.-I.-A. Bidyapeeth will be held in 20 different centres of India including Calcutta, Delhi, Bombay, Madras, Allahabad etc. from the 28th March, 1927. The Examinations in Calcutta centre will be held under the guidance of Mahamahopadhyaya Gananath Sen, Saraswati, M A., L.M.S., at his new residence at Kalpataru Palace, Central Avenue North, Calcutta. Further particulars may be had at the same address.

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Original Articles.

VEGETABLE MATERIA MEDICA

—:o:—

SIDA IN AYURVEDA

BY

B. L. GUPTA, M. Sc., F. L. S., DEHRA DUN.

(*Continued from the Journal of Ayurveda, August 1925*).

Sida rhombifolia Linn.

Vernacular Names :—

SANSKRIT	...	Mahabala.
BENGALI	...	Swet berela.
HINDI	...	Sahdei.

Habitat :—Throughout India in waste ground, roadside, forest glades etc.

It is a shrubby perennial plant, very variable as regards the shape of its leaves, the relative length of the peduncle, the position of the joint on the peduncle, and the length of the carpellary awns. The flora of British India describes five varieties of this plant and all seem to be used indiscriminately for medicinal purposes. There is reason to believe that the plant called Sida rhombifolia Linn. var. rhomboidea Roxb. is the plant which not only yields the best quality of fibre but which is more efficacious medicinally. This form has therefore been selected for the following description.

Sida rhombifolia, Linn. var *rhomboidea* Roxb.

Vernacular Names :—

SANSKRIT	...	Mahabala,
HINDI	...	Safed-bariyala, Sahdei, Sahadebi.
BENG.	...	Swet berela, Pit bala.
TELEGU	...	Atibala Chettu.

Habitat :—Throughout India.

Description—An erect undershrub, about 1-4 ft. high, branches rough with stellate hairs. Leaves alternate, simple, stipulate,

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rather variable in shape, usually rhomboid-lanceolate, acute, hoary beneath ; base cuneate, 3-nerved, margin serrate above, entire towards the base. Blade 1-2·5 in. long by ·5-1·25 in. broad ; petiole ·12-·25 in. long.

Stipules linear, setaceous, about equalling the petiole.

Flowers usually in leafy corymbs at the ends of branches. Peduncles axillary, solitary, jointed at the base, the lower far exceeding the petioles. Bracts and bracteoles O. sepals 5, connate into a broad tube, valvate, ·2-·25 in. long. Petals 5, imbricate, free above connate below and adnate to the tube of the stamens, yellow, ·3-·35 in. long. Stamens many, the filaments forming a tube which divides at the summit into numerous anther-bearing filaments ; anthers 1-called. Carpels usually 10, very shortly awned, as long as the calyx. Styles as many as carpels. Stigmas terminal. Fruit of dry dehiscent cocci, which separate from the axis, when ripe ; seed solitary in each carpel, p ndulous.

Parts used—the root and stem.

The medicinal properties of this resemble those of other species.

The infusion of the root is used in cases of intermittent fever and is considered by some practitioners as a valuable remedy in chronic bowel complaints.

In the treatment of rheumatism it has some reputation.

महाबलातुमधुरा धातुवृद्धि करीमता ।
वल्यातृष्णादिदोषघ्नोज्वरहृद्रोगदाहनुत् ॥
बातार्श: शोप विषमज्वरान्मेदगणतथा ।
बहुमूत्र नाशयतीत्येवमाचार्य्यभाषितम् ॥

The stems are rich in mucilage and are used as a demulcent in gonorrhœa.

हरिन्महाबला क्षुद्रा भवेद्वातानुलोमनी ॥ (भा० प्र०)

Sida spinosa Linn.

Vernacular names :—

SANS.	...	Nagbala.
HIND.	...	Gulsakari, Jangli methi, Bariar, Khareti, Gangeran.
BENG.	...	Pita barela, Bon-methi.
TAM.	...	Myir-manikkam.

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TELEG.	...	Mayilu-manikyam.
CAN.	...	Kodu-menthya.
ARAB	...	Kulbahe-barri.
PERS.	...	Shamlithe-dashti.

Habitat :—Hotter parts of India and throughout the tropics.

Description—A sub-erect branched undershrub ; stems rough with minute grey stellate heirs, often with 1-3, small, spiny tubercles at the base of the petiole or on the stem below them.

Leaves alternate, simple, stipulate, very variable in shape, ovate, obovate, or lanceolate, crenate-serrate ; base subcordate, truncate, or subcuneate 3-nerved, always rounded or obtuse at the apex, glabrous above, grey tomentose beneath, Blade ·5-2 in. long by ·75-1·25 in. broad ; petiole very variable in length, ·2 ·75 in. in length.

Stipules filiform, shorter than the petioles. Flowers pale (white according to some authors). Peduncles solitary or clustered on short shoots, jointed near the flower, equalling or exceeding the petioles,

Calyx pubescent, 5-lobed, ·25 in. long, lobes deltoid. Petals 5, slightly exceeding the calyx, free above, connate below and adnate to the tube of stamens. Stamens mon-adelphous, the staminal tube dividing at the summit into numerous anther-bearing filaments, anthers 1-celled.

Carpels 5, membranous, scarcely longer than the calyx, 2-awned ; awns about half as long as the carpel, slightly divergent from a conic base, hairy.

Seed solitary in each carpel.

Part used—Leaves and root.

The leaves are demulcent and refrigerant and are used in gonorrhœa, gleet and scalding urine, They are bruised in water, strained through cloth and administered in the from of a draught.

तदन्नागबलात्यर्थं कृच्छ्रे चौषधतेहिता ॥ (राजबल्लभ)

The root acts as a gentle tonic and diaphoretic, and is used in mild cases of debility and fever.

बृहन्नागबला चाम्लामधुराचत्तिदोषहा ।

दाहज्वरहराप्रोक्तापूर्ववैद्यैर्मनीषिभिः ॥ नि० श०)

According to J. Indraji, the decoction of the root-bark and root is used as demulcent in irritability of the bladder and in Gonorrhœa.

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THE PULSE IN RELATION WITH VAYU, PITTA AND KAPHA PRINCIPLES

BY

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The Ayurvedic System of Medicine is based on what is known as the Theory of Tridhatu and Tridosha, for a detailed account of which the reader is referred to the excellent article by Mahamahopadhyaya Gananath Sen in this Journal (Vol II, No 1, June 1925).

The theory of Tridhatu and Tridosha may be thus briefly described. All the functions of the body, both normal and abnormal are said to be under the complete control of three principles (functional entities) which are called *Vayu*, *Pitta* and *Kapha*. A certain number of bodily functions are assigned to each of them. Further Vayu is said to preside over the other two principles.

From the stand-point of modern animal physiology, *Vayu* represents all the bodily energies, whether kinetic or potential, required for the proper working of the body; *Pitta* comprises all the chemical processes which constitute digestion and assimilation (including metabolism); and *Kapha* is assigned to those life-processes which serve to protect and preserve the body (by processes of the nature of inhibition with lessening of oxidation). This comprises the first portion of the theory *viz.*, the Theory of *Tridhatu*.

Pathologically, these three principles are made to preside over the same sets of functions when they extend beyond the normal or physiological limits. This represents the second part of the theory namely, the theory of *Tridosha*.

Although these three sets of functions as represented by Vayu, Pitta and Kapha act harmoniously in a healthy condition of the body, still certain variations are discernible within physiological limits one principle working more predominantly than the other two. These physiological variations and still more their pathological states are clinically shown by a series of signs and symptoms in which pulse characteristics take not a less prominent part.

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We now come to discuss the pulse characteristics in *Vayu*, *Pitta* and *Kapha*. They have been dictated in several ways and may be well arranged under the following headings :

(*i*) Conditions in relation to the examining fingers.

(*ii*) Characteristics of the pulse wave.

(*iii*) Comparison with the progression of the familiar animals.

Before studying the pulse characteristics we shall quote a few passages which lay stress on the fact that the same *Nadi* (vessel) indicates the characteristics of the three principles. It is evidently meant to prevent developing the idea of having three distinct nadis representing the three principles. Possibly there might have been a tendency for such an idea among the physicians.

(1) एका नाडी विधाभिन्ना वातपित्तकफात्मिका।
आद्यांङ्गुलि वातनाडी पित्तनाडी द्वितीयगा॥
तृतीया कफनाडी स्यादेवं नाडी विधामता। II, 6. *

(2) नहिवातं शिराः कश्चिन्नपित्तं केवलंतथा।
श्लेष्माणां वा वहन्ति ता अतः सर्ववहाः स्मृताः॥ III, 5.

(1) The single nadi is divided into three (portions) having the characteristics of *vayu*, *Pitta* and *Kapha*. The *Vayu-nadi* (*nadi* having the characteristics of *Vayu*) lies beneath the first (examining) finger, the *Pitta-nadi* beneath the second and the *Kapha nadi* beneath the third. The nadi is thus considered to be divided into three.

(2) There are not *nadis* which only carry *Vayu*, *pitta* or *Kapha*; consequently they are known as all-carrying (that is, showing the characteristics of all the three principles).

I. Pulse conditions in relation to the examining fingers.

The commonest passage, occurring in the treatises on pulse examination and quoted below, is so ambiguous that it has been interpreted in several ways. The Ayurvedic physicians themselves do not agree with one another in the explanation of the passage.

आदौ च वदते वातो मध्येपित्तसमंवच।
अन्ते च वहते श्लेष्मा नाडिका त्रयलक्षणा॥
II. 34; II. 41; II 4; II. 38; II. 28;

* These figures refer to the numbers assigned to the works enumerated in "Sphygmology in Ayurveda".—Journal of Ayurveda, Oct. 1924.

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Literally the passage runs thus : *Vayu* blows (gives the impulse) first, *Pitta* in the middle and *Kapha* flows last The nadi has (these) three characteristics

There are several similar passages as quoted below.

(1) आदौ वार्त मध्ये पित्तं अन्ते श्लेष्मा:प्रवर्त्तते। II, 45.

(2) अग्रेवातवहानाडी मध्ये वदति पित्तला।
अन्त श्लेष्मा विकारिश्य नाड़ी ज्ञेया वुध्यै: सदा॥
II, 30, II. 29 ; II. 8 ;

(3) अदौ वातवहा नाडी मध्ये वदति पित्तला।
अन्ते श्लेष्म विकारिश्य नाडिकेत विधामता॥ II. 20.

The following interpretations have been set forth by the different authorities.

(*i*) The impulse of *Vayu* is felt beneath the first finger (index finger, which is placed next to the wrist in examining the pulse), that of *Pitta* beneath the second finger (middle finger) and that of *Kapha* is felt beneath the third (ring) finger. Such an interpretation is clearly indicated in the following passages.

(1) वातोऽधिके भवेन्नाडी प्रव्यक्ता तर्जनीतने।
पित्तेव्यक्ता मध्यमायां तृतीयाङ्गुलिका कफे॥
II. 4 ; II. 20 ; I. 2 ;

(2) श्लेष्मानानामिकाग्रस्ता मध्ये पित्तस्य मूर्ध्निगा।
तर्प्पन्याग्रोतुपवनोवर्त्तते स्वयं॥ II. 47 ; II. 13 ;

(3) तर्जन्याग्रेतु पवनो मध्यमाग्रेतु पित्तकं।
अनामिकाग्रे श्लेष्मा च वर्त्तते निश्चलं ध्रुवं॥ II, 6.

(4) वलासोऽनामिकाग्रस्ता मध्यापित्तस्य मूर्द्धगा॥
तर्जन्यग्रे च पवनोवर्त्तते निश्चयं स्वयम्॥ II. 12.

(5) आद्याङ्गुलस्तुमरुतस्थानं पित्तस्य मध्यमे।
कफस्यान्ते निजस्थाने गति: सुस्था सुखं शिरा॥ II. 17.

(6) हस्ताग्रे वातगा नाडि तन्मध्ये पैत्यनाडिका।
तदन्ते कफ नाड़ितु तत: स्थानं पृथक् पृथक्॥ I. 4.

(7) आदाविति तर्जनानिवेशस्थाने। II. 36.

All these passages indicate distinctly that the *Vayu* impulse is felt by the index finger, *Pitta*-impulse by the middle and the *Kapha*-impulse by the ring finger. Advocated by many authorities, such an explanation is rejected by Sankara Sen, the author of

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Nadi-prakasa (see below—the third interpretation). He is opposed by Kripala Misra, the author of Nadi-prabodha.

Supported by so many authorities, such a meaning must have some truth in it It will be seen later on that *Vayu* nadi shows the greatest pulse-tension, *Pitta*-nadi the moderate and the *Kapha*-nadi the lowest tension. Hence when one examines the pulse and applies a certain amount of pressure on the artery it is quite reasonable to suppose that the pulse wave in a high-tension pulse will reach the first finger, being strong enough to pass beneath the second and third; that with a moderate tension will reach the middle finger being obliterated by the pressure of the first examining finger and hence not felt by the latter. Lastly, the low tension pulse can be just felt by the third finger, being so low as to be obliterated by the second finger and not reaching the first finger.

In connection with this question of pressure on the pulse by the examining fingers we quote the following passages from Forchheimers' Therapeusis of Internal Diseases, Vol. III, p. 55 :

"The fact is familiar to every one that to obtain the pulse at all a certain degree of pressure is necessery. The amplitude of the pulse becomes greater and greater as the pressure is increased until a certain maximum is reached, when if the pressure be further increased, the amplitude becomes smaller and smaller, until, finally, the wave is entirely obliterated. That amount of pressure which makes the pulse wave appear greatest is exactly equal to the minimal (diastolic) pressure in the artery, *i.e.*, the excursion of the wall of the artery is greatest when the pressure on the outside and that of the inside equal each other. * * * The sudden increase in pressure in the artery, felt by the compressing fingers, is what we recognize clinically as the pulse."

(*ii*) Counting the examining fingers in the reverse direction, that is, the finger next the wrist being taken as third in position we can interpret the following passages :

(1) आदौतु वदते श्लेष्मा पित्तं ततोऽनिलः।
इतिते कथितं बाले धातुस्थानं सुरेश्वरि॥ II. 42.

(2) आदौ च वदते श्लेष्मा मध्ये पित्तस्यचैवच।
अन्ते प्रभञ्जनो ज्ञेयः सर्वशास्त्रविचक्षणैः॥ III. 5.

The Kapha flows first, then comes the Pitta in the middle and the Vayu last of all. These passages have been interpreted in two

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other ways which we shall deal later on while studying the variations from the usual sequence.

(iii) This interpretation is set forth by (*a*) Sankara Sen and (*b*) Gangadhara Kaviraj who edited the Nadibijnana of Kanada.

(a) आदाविति कफोणिं निपीडनद्वितीयचणेतु तर्ज्जनी निवेशस्थले, नापि विनिगमना-विरहेण अनामिकार्पनस्थले, स्थान भेदस्य सर्वत्राक्तमाणत्वाद वक्तमानगतिभेदस्य स्थानभेदानुप-पत्तेश्च तथा अनुभवाच्च ।

The passage is thus translated :—'*Adau*' means 'in the second moment' after the pressure on the elbow and not in the place of situation of the index finger, and not in the place of putting the ring-finger from non-lacking of the passage (of the pulse wave), from want of mention everywhere, from want of evidence (support from argument) for (taking) the diff rence of situation in place of the difference of movement (of the pulse) spoken of and from feeling as well.

Kripala Misra, the author of Nadiprabodha is against this view :—

आदाविति तर्जनी निवेशस्थानोयदुक्तं शङ्करसेन कविराजेन आदाविनि पूर्वापरोधाय नतु तर्जनी निवेशस्थाने कुत्रापि अभिवचितत्वादसङ्गतं ।

"Adau" means the place of the seat of the index finger; "*Adau*" that is from the beginning to the end and not in the place of the situation of the index finger, as stated by Sankara Sen, is not reasonable, as not spoken of anywhere.

(b) तत् कुर्परापीडनादुत्तरं परोचाकाले त्रङ्गुलीभिः स्पृश्यमानायां नाड्यामादौ वातो वहते कुपितवातगतिर्जलौकादिवद् भवति तिसृभिरङ्गुलीभिः सा गतिरूपलभ्यते । तदन्त्यवसाने कुपित पित्तगतिः कलिङ्गादिगतिवद भवति । तदन्त्यवसाने कुपित श्लेष्मगतिर्हंसादिगतिवद्भवति वातादि गतिक्रमोऽयमुत्कण मध्यन्यून दोषाणां ।

After pressing the elbow at the time of examination, the Vayu flows first in the nadi (vessel) examined by three fingers. The movement (impulse) of deranged Vayu is like that of the leech and others; this impulse is ascertained by the three fingers. On the cessation of that movement the impulse of the deranged *Pitta* becomes like the progression of the shrike (a kind of bird) and others. At the end of that movement, the impulse of the deranged *Kapha* is like the movement of the goose and others. The sequence of the impulses of *Vayu* and others (*Vayu*, *Pitta* and *Kapha*) shows the intensity, moderation and slightness of the derangements. (That is, such a sequence is seen when the *Vayu* is predominant, *Pitta* is of moderate strength and *Kapha* is low.)

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The exact meaning is far from clear. Such a sequence in rapid succession during the time of the examination is n t seen in practice. What is highly probable is that '*Adau*' may mean "in the morning", '*maddhe*' 'in the noon' and '*ante*' indicates' in the afternoon.

We now come to the variations from the above sequence, *viz*:, *Vayu*, *Pitta* and *Kapha*. Such variations have been noted in various treatises. These variations, so far we understand from several works on the subject, have been considered pathological.

The following five variatious of the above sequence are possible :

(*a*) Vayu—Kapha—Pitta,
(*b*) Pitta—Kapha—Vayu,
(*c*) Pitta—Vayu—Kapha,
(*d*) Kapha—Vayu—Pitta and
(*e*) Kapha—Pitta—Vayu.

(a) Vayu—Kapha—pitta.

(1) वाताधिका भवेन्नाडी मध्ये श्लेष्माधिका भवेत्।
अन्ते पित्ताधिका नाडी सन्निपात त्रिलक्षणा॥ II 38.

This passage, where the sequence is said to be the sign of *Sannipat* (a grave condition often ending in death), is quoted by Sankara Sena. He does not agree with the view. We also follow his contention.

(2) वाताधिकं वहेदन्ते मध्ये श्लेष्माधिकं वहेत्।
वायुस्थिति र्वहेदादौ अन्ते पित्ताधिकस्थिति॥ II. 16.

The passage comprises two statements. The first half informs us that predominance of Vayu flows at the end and that of Kapha in the middle. A commentary attached to the text explanis that *Vayu* impulse is felt beneath the index finger and *Kapha* impulse beneath the middle. This, according to the same commentary, occurs during the height of the disease. This explanation does not seem to be feasible at all. The passage may simply mean a deviation from the normal daily variation *Kapha* in the morning, *Pitta* in the noon and *vayu* in the afternoon.

The second half of the passage (according to the commentary) notes that the position of the *Vayu*-impulse is always first (that is, beneath the ring finger) and that of the Pitta is felt beneath the index finger. This explanation does not seem to be correct, as this is not practically seen in examining the pulse.

(3) कध्यमायां प्रगलभायां कफः स्वगतिपूरितः।
वातपित्तं स्पृशेत् किञ्चित् केवलं कफमादिशेत्॥ II. 4.

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If *Kapha* with its full impulse strikes the middle finger strongly and *Vayu* and *Pitta* touch (the index and ring fingers ?) lightly, one should consider it *Kapha* function.

The passage indicates *Kapha* function. Striking the middle finger probably indicates a predominant action (that is more pulse tension than usual).

(b) Pitta—Kapha—Vayu.

1. (i) आदौ च वहते पित्तं मध्ये श्लेष्मप्रकोपितं।
अन्ते च वहते वायु ततश्च स्नायुलक्षणं॥ II. 1.

(ii) वातपित्तहृयस्यादौ मध्ये कफगतिस्तथा।
यथा नाडी तथाश्वर्थं विशेयं वैद्यपारगैः॥ II. 13; II. 16.

(iii) आदौवायुकफोमध्ये अन्ते पैत्यञ्च वर्गते।
सर्वाङ्गानां क्रमादूह्यं वैद्यशास्त्रस्य लक्षणं॥ II. 16.

(iv) वायुस्थिति वैहैदादौ अन्तेपित्ताधिकस्थिति।
II. 16. (see above.)

(v) आदौ च वहतेपित्तं मध्ये श्लेष्मा तथैवच।
अन्ते प्रभञ्जनो ज्ञेयो सर्वशास्त्र विशारदै॥
II. 4; II. 18; II. 38.

(vi) आदौ च वहते पित्तं मध्ये श्लेष्मा प्रकीर्तितं।
अन्ते प्रभञ्जनं प्रोक्त स्त्रिधा नाड़ी परीक्षणं॥ II. 44.

(vii) आदौ च वहते पित्तं मध्ये श्लेष्मा तथैवच।
अन्तं प्रभञ्जनो ज्ञेयः सन्निपातस्त्रिलक्षं॥ II 36.

All the passages quoted above simply state that the *Pitta* flows first, then comes the *Kapha* and last of all comes the *Vayu*. Of these the passage (*ii*) is explained in the commentary attched to II. 16: By '*Adau*' one means Vayu and Pitta beneath the ring finger and index finger respectively. It is said that during the full development of the disease, the Vayu impulse is felt beneath the index finger. The Vayu impulse is usually felt beneath the ring finger and Kapha impulse beneath the middle finger. Such a condition is rather curious. According to this commentary, it is unproved. The commentator also quotes the following passage from Dhanwantari :

तयाख्यां नाडीनामन्तकफस्योपरि वातपित्तहृयस्य
व्यत्यय गतत्वात् कफनाडग्रामाश्वर्यसंज्ञामित्युक्तम्।

This characteristic of Kaphanadi is rather curious due to the change in the position of the Vayu and Pitta in relation to the Kapha which is the last of all the three pulse impulses.

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Again the passage (iv) is explained in the same commentary. We have already discussed it.

Sankara Sen (II. 38) discusses the passage. He does not believe in the position of the Pitta-impulse in the first instance, as it is not actually seen in examining the pulse and it is everywhere told that pitta is felt in the middle. Or else it represents a condition beyond recovery by treatment where such a condition has been stated to occur. Or again the pulse condition is made to represent what is to be found during the period when the Pitta function becomes predominant.

Gangadhar cites the passage (v) and notes that the condition is seen when the *Pitta* becomes intense, Kapha intense or not and Vayu becomes slight. He perhaps means the sequence in relation to the time of the day.

In cosideration of the above discussions as well as from practice, it is very difficult to reconcile the statement with the actual findings. If the passages mean that the Pitta impulse is found in the morning, Kapha in the noon and Vayu in the afternoon, then the condition is certainly abnormal.

2. (i) आदौ पित्तं कफं मध्येऽनामिकायां प्रभञ्जनं ।
स्पुटं प्रकाशयेन्नाडी ज्ञातव्या सा चिकित्सकैः ॥ II. 4.

(ii) तर्जनीपित्तनाड्यास्तु कफनाड्यास्तु मध्यमे ।
अनामिकास्तु सौतं स्यात् त्रिविधं नाडीलक्षणं ॥ II. 16.

These passages distinctly say that the Pitta impulse is felt beneath the index finger, the Kapha-impulse beneath the middle finger and the Vayu-impulse beneath the ring finger. In the commentary of II. 16, these places have been stated to be the usual positions of the three principles.

There is no evidence in favour of this view.

3. तर्जन्याञ्च यदा पित्तं स्वगत्या परिपूरितं ।
कफवातं स्पृशेत् किञ्चित् केवलं पित्तमादिशेत् ॥ II 4.

If *Pitta* with its full impulse strikes the index finger strongly and *Vayu* and *Kapha* touch (the middle and ring fingers) lightly, one should consider it *Pitta*-function. This probably indicates a predominant *Pitta*-function.

(To be continued.)

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.—(Hazaribagh).

(*Continued from our last issue*).

Food :—

Old Dadhkhani rice,
Soup of mug, masur, pea,
Barley gruel, Khai-manda,
Soup of wild animal and birds,
"Chatu" (pulv dried pea),
Sugar,
Milk, Butter, Camphor.

Vegetable and fruits containing excess of water, sweet or bitter or slight acid, *e.g.* :—

Kumra (pumpkin)
Kankur (melon)
Mocha (plantain flower)
Kanthal (jack fruit)
Pomegranate
"Patole" (antibilious)
"Khetpapra" (specific in bilious fever)
Amloka (E. Myrobalum—acid, bitter)
Phalsa (Grewia Asiatica—slightly acid)
Telakucha (specific for thirst in diabetes)
Lau (gourd)
Cocoanut—water specially soothing
Date
Coriandar, anesi
Water of unripe "Tal" (palm—very soothing)
Paniphal, Kesur (water plants)

To avoid—

Incompatible articles of died
Anger which excites "pitta" (adrenals) non-attendance of nature

Cœtion, Riding and walking exercises and sun's rays, alkaline articles of diet.

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Curd (which increases acid in the system)
Betel
Honey
Assafoetida (constipating)
Pungent, heating articles.

European Practice.

Burning is a sign of acidosis and is often due to bad Liver causing biliousness. Often it is accompanied with thirst in Diabetes.

General dietetic treatment of biliousness.

Allowed

Vegetable soups with a little bread
Fish fresh boiled
Meat—tender, lean meat or game bird sparingly
Farinaceous—oatmeal, sago, arrowroot graham, bread, dry toast
Vegetables—washed potatoes, well-boiled almost all vegetables
Dessert—plain milk pudding of sago, and other starches, raw Ripe fruits, stewed fruit without cream or sugar
Drinks—hot water, Tea, Coffee (without sugar and cream), pure plain or ærated water.

Forbidden

Strong soups, rice made dishes, hot bread or biscuit, preserved fish or meat, curries, red meat, eggs, fats, butter, sugar, fish like herring, cod (excess of fat) sweets, cream cheese, dried fruits, nuts, pie, pastry cake, malt liquor, sweet wine, champaigne etc.

General rules

Diet liberal and varied
Moderation in animal food
Avoid sugars and fermented liquors
Take moderately and carefuly starch and fat
Nuts (vegetable fats) are desirable in strumous lithemic subjects (Vayu deranged).

Trishna (Thrist).

Various types etiologically of Trishna are as follows :—

(1) due to "Vayu"-irritation (fermentation)
(2) due to "Pitta"-irritation (biliousness) with burning.

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(3) due to "Kapha"-irritation (diarrhœa).
(4) due to mucous in intestines.
(e) following injury by weapon, operation, etc.

Thirst is caused by diminition of the watery portion of the lymph-chyle in the lacteals.

When thirst is due to "Vayu"-irritation, give "Sherbat" of whey and meat soup with food to prevent fermentation,—goat's milk to check acidosis.

When thirst is due to "Kapha"-resulting in increased excretion *e.g.*, associated with diarrhœa (increased excretion through the intestines) or increased urination as in the diabetes, fast the patient or give restricted diet.

When thirst is due biliousness (Pitta) give light soothing, sweet, slightly acid or bitter things to check the condition.

General Diatetic Treatment.

Dadkhani rice gruel.
Khai-gruel and other starchy gruel
Soup of pulses (Mug, Mosur, Chhola)
Soup of meat of wild animals,
Sugar, Sherbat etc., Honey.

Vegetables—Plantain flower, Pumpkin, Puisag, Neem leaves.
Fruits—Slight acid fruits, grapes and raisins, wood apple, limes, dates, Amloki, Haritaki, Pomegranate, Telakucha.
Waters—Sarbats, cold water, cocoanut water, water of palm fruit (Tal)
Coldbath, Moon light, Sandal paste.
Alkalies—Burnt borax,
Bitters—Triphala,
Stiumlant—Camphor in water.
Carminatives—Coriander, anethi, cardamon.

Drinks—Water should never be prohibited in thirsty individuals, for animals die of thirst more quickly than when deprived of food. If water is prohibited in a thirsty individual, he becomes unconscious and may die.

अन्नेनापि विना जन्तु प्राणान् धारयेत् चिरम्।
तोयाभावात् पिपासार्त्तः क्षणात् प्राणैर्विमुच्यते॥

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Varieties of drinks.

After taking excess of oily food—give tepid water to sip.

After exposure to heat—give Sherbat or sugar solution or honey in water during fever.

Sugarcane juice.
Acid fruit juice
Cocoanut water.
"Tal" (unripe) water.

After violent physical exercise or injury—give meat soup or pulse soup

Thirst of water—give milk and water as in diabetes—Telakucha relieves thirst and heat of the disease.

Biliousness—Cooling baths and sprays,
Residing in cool chambers.

To avoid :—

Fatty food, Bad water,
Heavey indigestible articles of diet
Acids, salts, pungent articles
Cœtion, and violent physical exercise,
Smoking
Exposure to heat or to tropical sun

The excessive loss of water with or without mineral salts in urination and preparation interferes more or less with osmotic processes generally by withdrawing salts from blood and tissues and giving extra work on the circulatory glandular and renal organs. If pure water is used its irritant effect on the gastric measure should be considered and thus excess of water in thirst must be avoided.

European Practice.

In Diabetes—fast or semifast.

In fevers—

Excessive thirst is one of the symptoms which demand immediate and cor tinued relief in infections. Too much or too little water is bad.

Fluid is required not only as diluent to aid the elimination of waste products but for thirst in acute fevers.

Plain water is the best of all fluids but when not well-tolerated, give aerated (carbonated) waters. Flavoured with fruit juices add to variety and efficiency.

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Water acidulated with hydrochloric or phosphoric acid stimulates gastric digestion.

The various cereal gruels are food and drink.

Milk is also good variousiy diluted or modified (e.g., Lemon whey in cholera), milk sugar in whey is very good.

Kerr does not recommend egg-albumen water in fever with diminished digestive capacity—Nothing putrifies so rapidly as egg-albumen in the intestines. It does much harm.

Strained vegetable broths are good.

Kerr says the value of meat extractions and meat broths are much exaggerated. It has no influence on pepsin secretion though gastric juice is increased. They are not food but appetizers. They must be administered warm and in small quantities.

When alcohol is given in acute fevers it is best to dilute it with water and glycerine or the mucous membrane of throat is irritated.

BAMI OR VOMITING.

(1) Due to "Vayu" deranged—Scanty ejection of frothy matter of astringent taste accompanied with severe retching

(2) Due to "Pitta" deranged—yellowisth or greenish vomit, blood-streaked, of excessive acid, pungent or bitter taste.

(3) Due to "Kapha" deranged—white, sweet, thick or mucous vomit

Vomiting may be due to sight or smell of a loathsome or disgusting substance or to pregnancy or to indigestion or to presence of worms in the gastro-intestinal tract or to taking uncongenial food or drink or to intestinal obstruction with constipation, when it smells of fæcal matter or it smells of urine (severe acidosis). In the last two conditions the prognosis is grave.

In Vayu deranged—give butter freshly prepared or "mug" soup mixed with "Amloki" (Embelic myrobalan) and butter and Rock salt or with barley-gruel or with soup of game birds' meat (of the Viskhira group), e.g., chicken, pigeon, partridge etc.

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In Pitta deranged—give cold drinks, grape juice, acid fruit juice, starch water, water of cucumber, water of unripe Tal, and of cocoanut.

In Kapha deranged—help nature by emetics especially when much nausea is present.

In dietetic indiscretion—emetics if nausea, purgatives if constipation, fasting if due to partaking of excessive quantity of food.

General Dietetic Treatment after Vomiting Stops.

Give light, easily digestible food,

Old Dadkhani rice,
Soup of pulses (mug, maskalai),
Light diet prepared from wheat or barley,
Meat soup of wild animals like deer or game birds.
Vegetables—*e.g.*, young shoots of cane.
Condiments—coriandar, nutmeg.
Sweets—honey, sugar.
Fruits—cocoanut, "amloki," "haritaki," mangoe, acid fruits like wood-apple, oranges, grapes, pomegranates, plums &c.
Sweet Smell (if due to bad smell).

To avoid :—

Fatty food like ghee and oily substances,
New rice (causes indigestion),
Heating articles,
Unaccustomed food,
Unpalatable food,
Incompatible food,
Unsightly or unsavoury dishes.

If vomiting with fever—

Give Starch-gruel (Java or Khai) and other light foods.

After vomiting subsides give nutritive articles, rice after fever subsides, soup of pulses, of fish and meat, of vegetables, fruits, sherbat if Pittaja fever, and cold baths if due to biliousness.

European Practice.

Vomiting is a common complication of acute gastrites. The first procedure is starvation for the first 24 hours or so. If it

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produces more retching and vomiting (Vayu-briddhi) administer nutrient enema composed of peptonised milk with a few drops of brandy. When thirst is intense, ice may be sucked or hot water sipped, the latter acting as emetic and cleaning the stomach of its mucous contents.

As to the time when food should begin, opinions differ. Some authorities say that food should be given when vomiting stops and appetite returns ; on the other hand it should be remembered that too much starvation should bring exhaustion followed by anorexia and nausea, which will disappear with injestion of food.

When vomiting is persistent and rectal alimentation is resorted to, it is advisable to give a rectal douche of saline, night and morning, to prevent irritation of the gut and to promote retention and absorption of milk.

When the stomach is able to retain food, iced milk diluted with an equal quantity of lime-water should be given in table-spoonful doses every hour for six hours, after which, if there is no vomiting, the dose is gradually increased and the proportion of lime-water proportionately reduced.

In severe cases egg-albumen water followed by iced whey may be given. As soon as the nourishment is retained with comfort, light diet should be cautiously and progressively given. Thus at about the 5th day, carbo-hydrates like arrowroot may be added to the milk.

Vomiting is also a complication of Acidosis. If severe, nutrient enema of peptonised milk, glucose and brandy may be given every 4 hours. As soon as food is retained, digestible proteins and carbo-hydrates are given, while fat is avoided.

To check vomiting sodi bicarb should be given as enema oz. iii in 24 hours in divided doses.

ARUCHI (ANOREXIA).

The immediate cause of "aruchi" (anorexia) is depression of "Kapha", as a result of indigestion with diarrhœa, or depression of "Pitta" with constipation and stagnation of food in the stomach or irritation of "Vayu" with stagnation and fermentation. It is often brought about by emotional depressions and may also occur as a symptom in many diseases.

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To sharpen the appetite :—

Give rock salt with ginger before food or slight acid. Sweet diet like "Am-satta" (mangoe juice dried) before food or acid vegetables like Amrul Sag (Sorrel) with food.

The food should be tasteful, of good smell and pleasing to the sight, light of digestion and nutritious.

General Dietetic Treatment.

Give acid, sweet or bitter articles of diet

Dadhkhani rice, and bread

Soup of pulses (mug) and of meat of wild animals or game birds

Soup of Fish—"Punti", "Khalsa" "Koi," "Mourala," small "Rohee," Hilsa etc.

Vegetables—Pumpkin, young shoot of cane, radish, brinjal, "sajina", plantain flower, "patole" and "ole"

Slight acid fruits—Pomegranate, Chalta, lime, mangoe, wood-apple, "bonch", "gab" etc.

Ghee, milk, whey, alcohol.

Condiments—garlic, ginger, camphor, "arjowan" black pepper, assafœtida (according to indications).

To avoid :—

Delay in prompt attendance to calls of nature,

Unpalatable food,

Emotional depression,

Nauseating sight or smell.

European Practice.

Nervous Anorexia—which is associated with intoxication—sour milk is good.

Frequent small meals with konmiss, butter milk, cream, etc.

Routine.

Three objects should be aimed at :—

(1) Highly nutritive food in small bulk,

(2) Reduce solidity of food so that it is easily taken,

(3) Variety.

Avoid bulky foods,

Sweets to which patients are intolerant

When severe and persistent—food should be small in quantity and frequently given.

When severest—rectal feeding.

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JAUNDICE (PANDU).

Three clinical types are described :—

Pandu (Hepatogenous),
Kamala (Haemologenous),
Halimak (malignant).

Note—Kumbha-kamala (Jaundice with Ascites).

Etiologically the disease may be due to derangement of the "Doshas" or to worms or to pertaking of earth ("Mrittika-bhakan").

WHEN DUE TO "VAYU" DERANGED.

Give fatty food (lipoids) to check infection :—

Acid fruits
Fermented rice-water ("Amani)", fermented milk (curd).
Wine
Soup of Kulthi-kalai (dieuretic).
Rice, meat soup with ghee and assafœtida.

WHEN DUE TO "PITTA DERANGED.

Give sweets, treacle, sugar,
Meat of wild animals and game birds,
Calf's urine (before calf takes any other food except mother's milk),
Barley and Dadkhani rice.

ROUTINE DIETETIC TREATMENT.

Patient should be vomited or purged as necessary. Then give—

Old barley, old wheat or old rice
Soup of pulse (Mug, Rahar or Masur)
Soup of meat of wild animals
Vegetables—Patole, old pumpkin, ripe and unripe plantain, "Hincha Sag," "Natia Sag," Brinjal, garlic, onion.
Fruits—Ripe mangoes, myrobalums.
Fish—Singhi
Calf's urine
Fermented milk
Fatty food *e.g.*, butter
Red sandal and Nagkeshar (fragrant)
Alkali (Javakshar) and
Bitters according to indications.

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To avoid :—

Venesection
Smoking
Emesis when nausea
Perspiration and
Coetion.

Vegetables—Sim (Dolichos)
Assafoetide
Maskalai (P. Roxburghi)
Excessive water drinking
Fat (Til-sesame, mustard)
Wine
Earth
Sleep at day-time
Pungents and Salines and Acids
Bad water
Incompatible food
Heavy indigestible articles.

European Practice.

Jaundice is exclusion of bile from the alimentary canal. According to Muller the absorption of fat is hindered by this lack of bile resulting in emaciation of the patient. Jaundiced patients have much repugnance to fat. Halewhite suggests that in such cases fat may be absorbed through the skin.

Bile in the blood tends to cause dyspepsia, an excessive decomposition of protein, another reason for underweight.

Patients should therefore take plenty of carbo-hydrates and proteins to get the necessary calories. There is excessive secretion of gastric juice and diet should therefore be small and frequent.

Vegetables are not easily digested. They are bulky and contain little nutriment. Potatoes are more concentrated.

When intestinal catarrh is present, avoid vegetables, take carbo-hydrates and fruits like grapes, bananas, lean meat, white fish, poultry.

Weak tea without sugar, ærated alkaline waters should be the beverages.

Rich food, fat fish, hot meat, spices and alcohol should be avoided.

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In simple catarrhal form, easily digestible food, largely protein should be given.

"SULA" (COLIC).

In this disease the patient gets sudden spasmodic pain as if pierced with a spear.

Etiologically it may be due to :—

(1) Vayu derangement,
(2) Pitta „
(3) Kapha „

It may be in the region of the stomach and intestines or at the sides (Parsa-sula) or at the loins (Kukshi-sula) or at the region of the heart or at the region of the bladder (Vasti-sula) or at the inguinal region with suppression of urine (Mutra-sula) or over the whole abdomen with suppression of faecal evacuation (vit-sula).

It may be caused by voracious eating of excess of rice (Annaja), a voluntary retention of flatus, stool or urine, indigestion, eating before the digestion of food previously taken, pertaking of incompatible food, over-exertion after meals, drinking excess of cold water when very hungry, taking excess of germinated grains, taking excess of dry meat, all of which upset the "Vayu" and produce a violent cutting or spasmodic pain at a part of the trunk with a feeling of suffocation.

IN "VAYU-SULA"

Take wine, fermented rice-water, cream of curd, fermented milk medicated or otherwise.

The soup of pulse "Kulthi-kalai" with soup of bird's meat, acid fruid juice and rock-salt is good.

Fermented honey medicated and mixed with assafœtida is also good,

When due to hunger, light food like lukewarm milk, barley-gruel with meat-soup should be given.

IN "PITTA-SULA" with burning.

One should be made to vomit by drinking a good quantity of cold water and then tickling the throat.

He should take cold measures and avoid all heat-making ones. Small metal vessels filled with cold water should be placed on the part where there is pain (cold fomentation—the opposite of hot-water bag or bottle application).

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Soup of meat of wild animals or game birds may be taken—aquatic fruits (Paniphal, Kesur etc.) and other fruits (grapes etc.) may be taken. Treacle, Barley, Sali-rice, milk, butter etc. are good.

Barley-gruel with honey is very good.

In "Kapha"-Sula.

The patient should be vomited by the administration of hot water. Dry fomentations and other heating measures should be applied and cold applications avoided.

The patient should take Long Pepper with honey. Fasting is also good.

He should take easily digestible food like wheat flour or barley as gruel, pungent and bitter articles and fermented honey.

The barley-gruel may be medicated with the five peppers.

In Parsa-Sula (colic at the sides of the body).

Barley-gruel medicated,
Medicated ghee or ghee mixed with assafœtida,
Medicated milk,
Meat soup of wild animals or game birds.

In Kukshi-Sula (on the loins).

Vomiting or fasting according to indications.
Strength of the patient as also purging.
Enema may be tried in suitable cases,
Soothing poultices are good.

General Treatment.

A patient who suffers from frequent attacks of colic should not take rice, but pea flour with curd.

The food should be small in quantity as the digestion is weakened.

Soup of pulses,
Wheat flour (articles prepared from),
Milk with curd,
Ghrita,
Vegetables like young shoots of Cane, "Karela," "Hincha" and other bitters, "Kakur," also Patole, Sajina, Brinjal, mango, cashews, dates, woodapple, limes.

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According to indications patients should be fasted, vomited, purged or enema given, sleeping draughts, digestives should be given.

Very old Dadkhani rice
Barley-gruel
Warm milk or warm water
Fish and meat soup
Also sea-salt, and other salts, assafœtida
Dried pulv ginger.
Also garlic, cloves
Cow's urine
Alkalies
Easily digestible food

according to indications.

To avoid :—

Incompatible food
Night-keeping
Heavy indigestible articles
Bitter astringents
Severe physical exercise
Cœtion
Wine
Pulses which are heating
Fatty articles
Non-attendance to calls of nature
Emotional excitement or depression.

As the dietetic treatments of "Pittaja and Kaphaja" Sula are opposite, some articles of diet are put in the list recommended and those that are forbidden. The physician should diagnose what "dosh" is upset and select food from the list according to its effect and indication in the particular patient.

EUROPEAN PRACTICE.

In gastric hyper-acidity pain is a constant symptom. Semi-starvation is advised and milk with alkaline mineral water is prescribed till the extreme sensitiveness of the stomach disappears and more liberal diet is progressively given.

In intestinal colic associated chiefly with constipation, the diet should be bulky vegetables containing much cellulose, liberal consumption of fruits which are laxative, buttermilk, and

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malt liquors are indicated. If catarrh (Enterites or Colitis with mucous) a bland diet containing a large amount of fat as butter and cream is indicated

In gall-stone, fat is prohibited while albumen and starch can be given in moderation. Flatulence is troublesome. Frequent evacuation of the bowels is of no value. Diet small, frequent and liquid should be the rule.

In renal lithiasis—the diet should be such as will prevent the recurrence of Calculus. The selection of diet will depend on—

(a) composition of stone,

(b) condition of kidneys, and

(c) presence of infection.

Food must be simple—all rich food and a multiplicity of dishes should be avoided. The amount should not be in excess.

If stones consists of oxalates, all food containing oxalates should de prohibited *e.g.*, nearly all vegetables except peas and beans. Spinach, rhubarb etc. should be specially avoided. Of the fruits, strawberries, apples, pears and figs should be avoided. Meat is allowed but glandular organs should be avoided; so also gelatin which according to Klunperer gives rise to oxalic acid in the process of digestion.

When the calculus is composed of uric acid, meat should be reduced and all glandular organs avoided. No highly seasoned food or rich pastries are allowed. Milk, vegetable and fruits should be given, sugar and fats in moderation.

When the calculus is phosphatic, meat is increased and vegetable diminished.

Enough water should be given to keep the specific gravity of urine below 1015.

The use of alcohol is prohibited.

In cardiac-spasm—If the inner surface of œsophagus is very irritable and spasm occurs after eating or drinking, mastication must be thoroughly performed and fluids of medium temperature. should be taken.

If the spasm is accompanied with pain, secondary erosion of the mucous membrane exists in the vicinity of the cardia. Fenwick advises milk diet. In severe instances rectal alimentation should be done.

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RAKTA-PITTA (HAEMATEMESIS).

Strictly speaking Rakta-pitta is haemorrhage from any site and when it comes from the stomach it is known as Haematemesis. The Pitta-dosha is primarily affected leading to secondary involvement of "Rakta-dhatu" or blood which is considered a tissue broadly in both Allopathy and Ayurveda.

GENERAL DIETETIC TREATMENT.

It is improper to arrest the hæmorrhage immediately at the onset of the disease, if the patient is sufficiently strong and full-blooded, for it may bring on an attack of Jaundice, "Grahani" (tubercular diarrhoea), Kustha (cutaneous disease), Gulma (abdominal tumour *e.g.*, Enlarged Spleen and Liver), for it is nature's way of purifying the blood.

When the blood is passing out through a downward passage (rectum) it should be arrested by emetic and when through an upward passage (mouth) by purgative, which will reduce the pressure. (In case when the patient is weak, he should be given soothing medicine and diet.)

The procedure is followed by fasting in case of a strong patient with unimpaired digestion and unemaciated frame.

Rice gruel as "Paya" should be given after fasting is over.

A combination of "ghee," honey and pulv "Khai" called "Tarpan" is good in the first stage of the disease.

Or a decoction of dates, raisins, glycerrhiza and "Phalsa" (acid) with pulv "khai" should in given.

Emesis should be induced with glycerrhiza mixed with honey.

The Rice paya may be medicated with diuretics (Salpani, Brihati, Kantikari, Gokhur).

For dink give a decoction of mutha, khetpapra and the three fragrant roots of Bena, Bala and Red Sandal wood.

AFTER HÆMORRHAGE SUBSIDES.

Old Dadhkhani rice
Soup of pulses except Kulthi Kalai
Soup of fish like Eel or Lobster (Iodine)
Soup of meat of rabbit, dove, deer, pigeon etc.
Bitter vegetable decoctions
Soothing articles like milk of goat or cow, ghee

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Fruits like Jack fruit, plantain, pomegranates phalsa, date, cocoanut, kesur, paniphal, woodapple

Vegetables like Natia Sag, Patole, young shoot of cane, wild ginger, old pumpkin, ripe palm, inside of seed and water of young "tal" (palm), telakucha, neem, gourd.

Sweets—Sugar, Honey, Sugarcane juice, amsi, camphor.

Cold procedures—cold water—cold bottle, red sandal paste, moon light, cold room (living in a), silk cloth (worn)

To avoid :—

Physical and walking exercise and Riding
Suns heat and heating procedures
Emotional excitement
Attendance of calls of nature
Cœtion,
Wine
Pulse like "Kulthi-kalai," "Maskalai"
Treacle, Dahi
Brinjal, Neem, Sim
Til (sesamum), mustard, Betel, garlic.
Alkalies, acid, salty, pungent
Incompatible food

European Practice.

In Achlorhydria Hæmorrhagica gastrica which is the result of reflex disturbances from diseases of some other organs or some primary disease *e.g.*, chronic gastrites, gastric carcinoma, following pernicious anæmia, the diet should be according to cause. There is want of acid in the gastric juice, often gastric erosion is present, with occult blood and a considerable number of micro-organism.

The food should be such as are calculated not to overdistend or embarrass the stomach and to aid as far as possible the complementary action of the intestines. According to Fenwick, food should be taken in small quantity every 3 hours. Light food as milk etc. should be recommended. Some farinaceous food like rice produces no discomfort. Raw vegetables and salad and fruits are contra-indicated. Sour milk is often good. Partially digested artificial food may be tried.

In severe cases excess of food at one time should be avoided and "vegetarian diet" preferred. Alcohol and Tobacco should be

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interdicted. The best index is the patient's weight. Loss of weight during treatment is inadmissible. Starchy food is of particular value. According to Kemp if the membraneous covering is removed, pea and bean soup, barley, oat or potato soups are useful. Plenty of butter cream and eggs are indicated. Feeding should be done in small quantities, 5 or 6 times a day. Hydrochloric acid is useful and wine in small doses for its stimulation of gastric, pancreatic and intestinal secretion. The distress and sour regurgitation after eating disappear, vomiting ceases at once and diarrhœa is controlled in a few hours to be followed by obstinate constipation.

Ulcer of the stomach and duodenum—In no form of gastric disease dietetic treatment is so important.

Hawkins for the purpose of dietetic treatment divides gastric ulcer into the following classes :—

(a) Patient comes within a few hours of hæmatemesis,
(b) Often days and weeks after hæmatemesis,
(c) A long antecedent stage with no history of hæmatemesis though uler is suspected,
(d) Recurrent hæmatemesis,
(e) Sequellae of ulcer *e.g*, cicatrix as Pyloric stenosis, Perigastric adhesion, hour-glass contraction,
(f) Perforation and recovery after operation.

The first treatment is functional, rest of the organ. Food should be such as will lessen hyperacidity.

IMMEDIATELY AFTER HÆMATEMESIS.

Complete rest and rectal feeding Avoid mechanical disturbance of the thrambees and help its organization.

Opinions vary as to the period of rectal feeding. Fenwick thinks it should be done for 8 to 10 days, mouth washed with antiseptic and a rubber teath sucked to promote salivary flow.

Lenhartz on account of the malnutrition following rectal feeding, is opposed to its continuance. Even on the day of hæmorrhage he advises iced milk in spoonfuls.

Hawkins thinks that strict rectal feeding should be continued for some days and unless it is too long prolonged, the advantage gained outweighs any possible malnutrition. Each case should be considered on its merits and no definite rule should be laid

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down arbitrarily. As a rule, hæmorrhage seldom occurs after 4 clear days.

In recurring hæmorrhage rectal feeding should have to be continued.

Opinions vary as to the relative value of various enemata. According to Fenwick 15 oz. to a pint of fluid is to be preferred every 6 hours in place of the old method of 2 oz. every 3 hours.

In the majority of cases, simple peptonized milk is sufficient but some authorities recommend beef tea mixed with raw eggs and a little brandy or milk and glucose, powdered peptone or powdered casein (the latter not more than 10 per cent). This is supplemented by subcutaneous injection of pure sterilized olive oil ½ oz., night and morning. A sterilized solution of pure glucose is also recommended.

After the stomach has rested for a few days, feeding by mouth on a small scale is commenced. Caution should be used and each case requires careful supervision. Milk is valuable in 3 ways :

(1) It does not cause mechanical irritation of the sore.

(2) It induces the least gastric secretion of all protein food.

(3) It fixes a large proportion of acid.

During the first 24 hours milk and lime-water or barley-water should be given 2 oz. every 2 hours, while the rectal feeding is continued. If no pain or discomfort is felt, it is progressively increased to 5 oz. every 3 hours on the third day.

Within a week to 10 days the food should be increased and as enough milk could not be given owing to its bulk and weight, its nutritive value is increased by adding casien.

Lenhartz recommends concentrated egg albumen when the patient is already in poor condition and further inanition is apt to do more harm.

Lenhard's directions are as follows :—

Absolute rest in bed, avoidance of all mental worry, on the first day 6 to 9 oz. of Iced milk given in spoonfuls as also 2 to 4 beaten eggs. Bismuth in 30 grs. dose three times a day is given also. The eggs are beaten up with a little sugar and the cup placed on ice, so that they remain cold. The food binds the supersecreted acid, relieves the pain and checks the troublesome

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vomiting. The fat in egg-yolk inhibits secretion of acid. The food is progressively increased. Some raw chopped meat is given during the end of the week, in small divided doses with or without egg. After that, coocked ice is given. In the third week mixed diet is tolerated.

The subsequent treatment is that of hyper-chloridia. Particular care should be exercised in selecting a highly nutritious, easily disgestible aliment of over 3000 calories, for, the building process in gastric ulcer is like that of tuberculosis.

He should avoid seasoned foods, peppers, spices, condiments, pickles, hot bread, fried food, sweets, tough meats, coarse vegetables. Stimulant beverages, Tea, Coffee, Alcohol as well as Tobacco should be interdicted.

When there is retention of food best excessive secretion of acid, gastric lavage of sodi-bicarb 3gr. in 2 ozs. of water should be given early in the morning.

Nutrient enemata supply little nutriment, and when frequently given, excite gastro-intestinal tract to peristaltic activity and may renew the hæmorrhage.

On the other hand feeding by the mouth too soon increases liability to bleeding and hinders organization of the clot.

Kemp concludes that on the whole, unless distinctly contra-indicated by the poor health of the patient, starvation or semi-starvation with rectal feeding is to be preferred.

During the second week if hypersecretion continues, the alimentation is cautiously increased by the addition of simple nutritious protein dietery of egg and meat extracts, otherwise it should be confined to milk and carbohydrates.

Duodenal ulcer—This organ is not so disturbed as the stomach by foodstuff and there is no churning movement as in stomach to prevent the healing of the ulcer. Increase of food may therefore be more rapid.

(*To be Continued.*)

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Reviews and Notices of Drugs.

:o:

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Notices of Societies etc.

VAIDYA SAMMELAN.

The next All-India 17th Vaidya Sammelan will take place at Patna in the forth-coming month of Chaitra Sambat 1984, *i.e.*, April 1927. A reception committee has already been formed and Pt. Ramavatar Mishra Vaidya of Kadam Kuwan, Patna has been elected General Secretary. In order to achieve a bright success the Vaidyas and sympathisers of Ayurveda from every corner of India are

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earnestly requested to help in this cause. The Provincial Ayurved Mandals are requested to send their annual reports and any other necessary subjects etc. to the undersigned. The All-India Ayurved Institutions, Vidyalays and Dispensaries etc. should send thei informations on Ayurved.

Every enquiry concerning the Vaidya Sammelan should be made to the General Secretary. All other correspondence should be addressed to the undersigned

Sd. RAJVAIDYA KISHORI DUTTA SHASTRI,
Joint Secretary,
All India Ayurveda Mahamandal & Vidyapeeth,
Najaganj, Cawnpore.

AYURVEDA AND UNANI

Move For a Research Institute.

NEW DELHI, FEB 11.

The establishment of an up-to-date Pharmaceutical Chemical Research Institute in the Ayurvedic and Unani Tibbi College, Delhi, with the object of compiling a pharmacopoeia with Government subsidy is urged in a circular letter to the members of the Council of State and the Legislative Assembly by the President and Secretaries of the Board of Trustees of the Ayurvedic and Unani Tibbi College, Delhi

After emphasising that Ayurvedic and Unani systems of medicine did not belong to the category of obsolete sciences, the signatories of the letter point to the useful work done by their Institution and remark—'The proposed Institute will not only be useful to our college but will be the only institution of its kind which will fill a great gap in the activities of our country towards research work

"The trustees have been trying to raise funds necessary for the running of the college and the establishment of the proposed research institute by private appeal, but everyone will admit that a work of this magnitude cannot be carried on nor can sciences flourish without the patronage and pecuniary help of the State. Our largest source of income at present is Hindustani Dawa Khana, Delhi. It is hardly sufficient to meet the recurring expenses of the college Then, after all, it is a business which instead of remaining profitable might any day become a losing concern.

"We feel confident, therefore, that you will lend wholehearted and powerful support to the proposal that the Government of India should sanction a generous grant to the proposed research institute and put the Ayurvedic and Unani Tibbi College on a firm financial footing."

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CORRESPONDENCE

—:o:—

From THE HON'BLE L. SUKHBIR SINHA,
President, Reception Committee of
THE ALL-INDIA AYURVEDIC CONFERENCE, APRIL, 1925.

To

THE EDITOR,
JOURNAL OF AYURVEDA.

DEAR SIR,

In one of the issues of the Journal of Ayurveda it has been published in the Editorial that the Government of Madras was the pioneer in subsidising Ayurvedic Education in India, but this is not true. It is the U. P. Government that showed the way to all other provinces which will be manifest from my Presidential speech at the All-India Ayurvedic Conference held in April, 1925 at Hardwar.

Sd. LALA SUKHBIR SINGH.

THE ADDRESS.

LADIES AND GENTLEMEN,

It is my proud privilege and a most pleasant duty to welcome you all here, in this Ayurvedic Conference on behalf of the Reception Committee and on my own behalf. We are quite alive of our own short-comings as to the poor arrangements that we have made for holding the Conference and for your own confort. But it is my hope that in your largeheartedness you will take will for the deed, and over-look all our shortcomings. Many of you, gentlemen, have come over to Hardwar to attend this Conference from long distances, but Hardwar, "The gate of Heaven," the most sacred place of the Hindus, the cradle of the mother Ganges, the solace of many perfect yogis, will, I trust, offer to you that physical and mental rest which is your due after your long journey.

Let me now turn from the above pleasant duty of welcoming you, to the more serious subject for the promotion of which we all have met here. I believe it might be within your memory that at least, in these Provinces, there was very little of stir and agitation about Ayurveda previous to the year 1905. People had not acquired that self-realization about their own system of medicine which they have done now.

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In 1905, when there was the proposal of opening the Medical College at Lucknow to commemorate the visit of His Royal Highness, the Prince of Wales, my late lamented father the Hon'ble Rai Nihalchand Bahadur proposed that the Ayurvedic and Unani faculties be also found in connection with the College. The local Government then promised to give effect to his proposal when the scheme shall be fructified and the College actually started. But when the College scheme began to come in operation and no provision was made therein for the Ayurvedic and Unani systems of medicine, my father organised an influential deputation, headed by His Highness the late Maharaja of Ayudhya, His Highness Maharaja of Balrampur and others that waited upon the then Lieutenant Governor Sir James Latouche. The deputation met with a sympathetic reception, and it was said that due attention will be paid to their representation and measures would be taken for the encouragement of the native system of medicine by the Government by combining the science of the West with that of the East. But nothing was done in practice after that. No place was given to Ayurveda in the holy and exclusive reserve of allopathy, in the Medical College, Lucknow. Subsequently in 1911, I moved a resolution in the U. P. Council on this subject which was not carried.

The All-India Ayurveda Mahamandal was then founded in 1910. Due to the efforts of Hazikulmulk, Hakin Ajmal Khan, another Ayurvedic and Unani Tibbi Conference was started and a College was established at Delhi, which happily is in a flourishing condition now.

Again in the U. P. Legislative Council meeting, held in April 1917, I moved a resolution for starting a separate Ayurvedic and Unani Tibbi College with a Hospital and Dispensary at Lucknow. The resolution had almost universal support from non-official benches, but met with a most unsympathetic and cold reception from the official block. The result was that is was negatived by the narrow and normal majority of only one vote

About the same time the Bombay Council passed a Medical Practitioner's Registration Act which provided that Doctors that co operated with Vaidyas will not be registered. This was a clear insult to Ayurveda and Unani. Registration Acts on similar lines were passed in Madras and Bengal. When this was brought forward here in U P, I strongly opposed this provision which was conseqnently deleted. After that when it came before the Punjab Council, it was similarly rejected.

In the February session of the Council of State, in 1921, I moved a resolntion to ask every Provincial Government to (a) have an Ayurveda and Tibbi Medical College in their Provinces, (b) take measures to develope Indian drugs and (c) appoint Vaids and Hakims in every dispensary to treat patients by indigenous methods where it may be practicable. The resolution was discused in the Council, but it was lost

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by 11 votes against 32. However this debate was sent to every Provincial Government, the result of which has been that the Madras Government appointed a Committee on the recommendation of which His Excellency the Governor has opened recently an Ayurvedic School in Madras. Similarly the Bengal Government has appointed a committee of which our worthy Kaviraj Gananath Sen is the Secretary and the committee after making a tour in the country is writing its report. The U. P. Government is also contemplating the appointment of a similar committee for this Province.

Fortunately, the same year, the U. P. Govt. sanctioned a grant of Rs. 30,000/- for the development of Ayurveda and Unani systems and apportioned it to various institutions.

In 1919, on my suggestion, the Rishikul General Body founded this Rishkul Ayurvedic College at Hardwar which is a most suitable place for such an institution, in view of its proximity to the Himalyas and rich Jungles from where the indigenous herbs can be collected in abundance and studied thoroughly.

The local Government very kindly gave a non-recurring grant of Rs. 50,000/- and has been giving Rs. 5000/- annually as recurring grant. It is hoped that it will help the development and expenses of this College by giving further grants. The Calcutta Marwaris under the auspices of the Rishikul Sahayak Committee, came forward and subscribed one Lac of rupees that has been deposited in the Central Bank, Calcutta, in the name of the President, College Committee and its interest is utilised towards the College recurring expenses. Our thanks are due to the late Babu Chimmon Lal Guneriwala and others who subscribed the sum.

The teaching work of Ayurveda in Rishikul had been going on for some years previously. But the regular College work began in the middle of 1922, when Dr. B. K. Mitra was appointed as the Organising Secretary and Professor of Anatomy and Surgery. He stayed in the College for nearly a year *i.e.* till about the middle of 1923. During his time for certain reasons nothing much, in the way of progress could be achieved. After he left the College Dr. A. S. Gupta, M.B., B.S, was employed in his place in August 1923. Since that time the College has been making steady progress, in its every branch. In the middle of 1923, the number of students was only 7. It went up to 20 in April 1924. Now it is nearly 50. Out of them some 30 are boarders. The Boarding House being a temporary one it cannot accomodate a large number. I am glad to say that the College work is going on very methodically and regularly as you yourself will see.

There are 4 Professors in all. Dr. A. S. Gupta M. B., B. S., is the Professor of Anatomy, Kaviraj Mohinimohan Ayurvedaratna, Bishagacharyya Vaidya Poornanand Pant and Vaidya Shilchanderji

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Ayurvedacharya are the other Professors. There is one demonstrator Vaidya Jugdish Datt Sharma Ayurvedavisharad. It is Prpposed in the next session to strengthen this staff by the addition of a capable Vaidya.

The annual budget of the College amounts to Rs. 10,000/-, but it is getting increasingly difficult to meet the growing expenses. If the College is to grow it must command more income, more attention from the well-wishers of Ayurveda and more help from all of you.

The special requirements at present are a well-equipped Hospital and a Dispensary Hall. Its other requirements are—more commodious Boarding House and Professors' quarters. All of these require funds. I look up to you all, gentlemen, to help us in making this institute worthy of the glory of Ayurveda, worthy of Hardwar and worthy of Hinduism.

The management is at present vested with a Managing Committee consisting of local men and gentlemen from outside. This Committee, in its turn is responsible to the General Body of the Rishikul Institution.

Hitherto there existed no Ayurvedic College or School, the successful candidates of which could command the same respectability and enjoy the same privileges as the Assistant Surgeons of Allopathic Colleges. However efficient and of howsoever high position a Vaidya or Hakim be, he is not authorised to grant any certificate to his patients and so far as the Government and Law Courts are concerned they are never relied upon. Besides, there being no proper and suitable arrangements for their education, they do not enjoy the public confidence and respect.

The Conference should bestow its full and all-engrossing attention towards this subject and I beg to lay before you the following proposals.

1. Every Province should have an Ayurvedic College or School which should be either owned or aided by the Government.
2. For all these institutions, the Conference should organise a central institution where examinations should be held and certificates granted.
3. Every Province should have a standing committee of Vaids.
4. Every Province should have a *Rasa-shala* which should be attatched to the College.
5. In every College or *Rasa-shala* a Research Institute should be started where the properties of medicines be tested.
6. The Ayurvedic Sammelan should arrange for the registration of Vaids and such Registered Vaids should be given the authority of granting certificates.
7. The Government should be requested to insist the employment of Hakims and Vaids in the Municipalities and District Boards.
8. The Vaids should moderate their fees and the prices of the medicines should be fixed so low that the people be prompted to use them.

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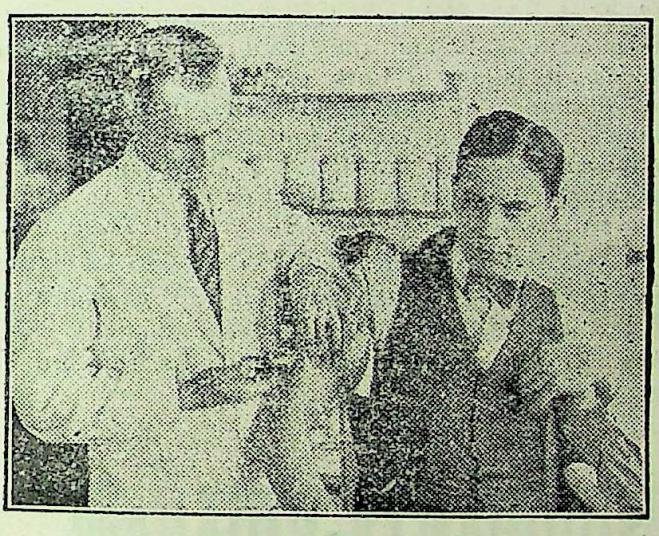

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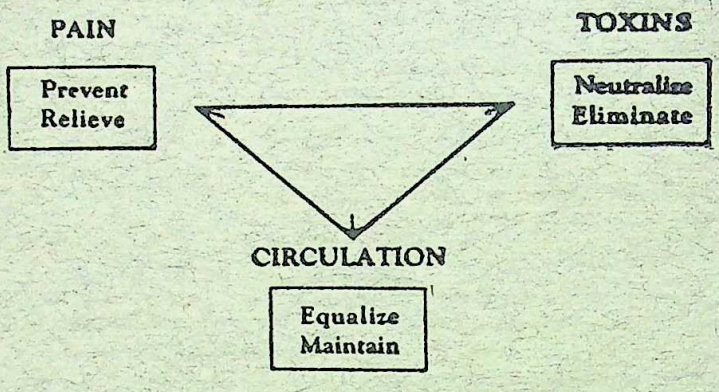

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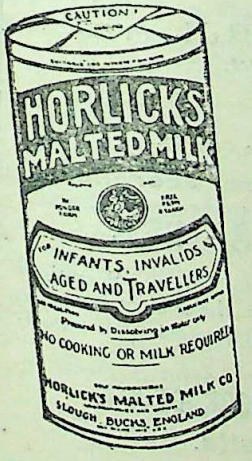

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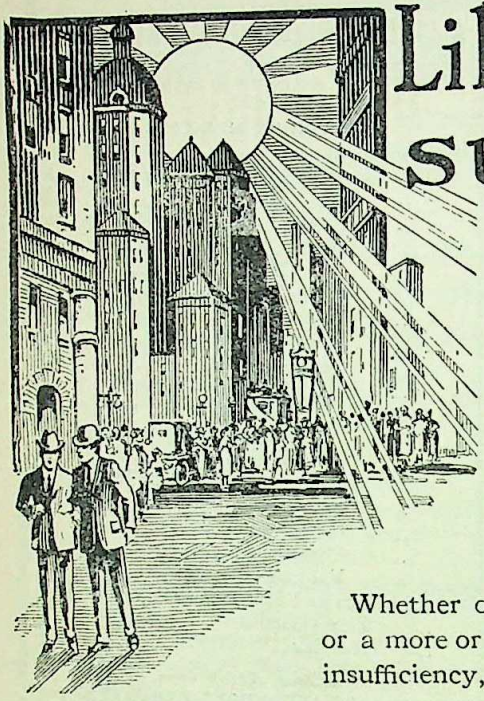

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Is Ayurveda Unscientific ?

Is Ayurveda really unscientific as interested persons in the profession having no personal knowledge of the subject dint on the public ears in season and out of season ? we have repeatedly stated and we may be excused for repeating that unbiased study of Ayurveda will convince any reasonable medical man that Ayurveda is neither unscientific nor based on half-truths and un-truths, as our opponents try to prove.

As instance we invite the special attention of our readers as weil as those concerned or interested in the medical welfare of India to carefully go through the very able vindication of Ayurveda (published in our Nov. 26 number) from the forceful pen of Dr. N. K. Sen Gupta, himself a successful practitioner of the Western system of medicine. We welcome his fair-mindedness and his love of justice and truth. We would request other members of the profession not belonging to our sect, to study Ayurveda without bias or prejudice and we are sure that they will also come to the same conclusion that Dr. Sen Gupta has arrived at regarding Ayurveda.

That Ayurveda is full of medical truths in different stages of development (some, recently unearthed by modern medicine, some, of which the West is just getting an inkling and others again not yet dreamt of by them) is only natural considering the hoary age of Ayurveda and its progressive nature of development. Unfortunately its further progress was arrested by long centuries of internal warfare, which devastated our land as also by

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foreign yoke. It is time to take stock of what is in Ayurveda and help its regeneration. We therefore request every Indian medical man to consider it a sacred duty to help the noble cause of Ayurveda devoted to the relief of suffering humanity.

We have often stated that the exotic Western system has been forcefully introduced into the land, a system admirably suited to Europeans linving in the temperate regions of the globe, whose mode of living, diet and environments are quite different and amongst whom the system had taken its origin. In toto it is unsuited for tropical India which in ages past had develoved its own national system of medicine peculiarly suited to its own national needs.

Even the foreign medical system modified will not always suit our needs. We may cite here some examples to verify our statement. In imitation of the Western mode of preparing drugs, some Indian chemists have prepared liquid extracts of Indigenouns drugs. Every body who has practically tried knows fully well that Ext. Kalmegh Liquid is much inferior in efficacy to fresh decoction of Kalmegh. Our European and europeanized colleagues will laugh at our presumption. Let them try these preparations and they will be convinced of the truth of our statement.

Now one may enquire how is it so? Europeans are generally accustomed to take a little liquor after dinner to help digestion and keep up the body-heat in the surrounding cold atmosphere of their country. Their Liver and organism in general are accommodated to the slight quantity of alcohol to which they are habituated from their youth, while in health. In disease, they can take with impunity drug infusions or decoctions preserved in a small quantity of Alcohol. (One should not laugh at the smallness of quantity in these days of vaccines, enzymes, hormones and vitamines.)

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The case is different with us who are not habituated to alcohol however small the quantity may be, while in health. In disease when the vitality of the organism is below par, it is extra-taxed by the small quantity of alcohol present in the tincture or liquid extract. In the case of Kalmegh, which stimulates the liver, the effect is more marked, specially in the tropics where alcohol acts injuriously on the liver and the effect of Kalmegh in the form of liquid extract on the liver is thus minimised. The same may be said of other tinctures and liquid extracts containing alcohol.

Talking of Kalmegh, a case of ours came back vividly to our mind. A middle aged lady living in the malarial district of Bengal had chronic malaria and enlarged spleen which refused to yield to vigorous quinine treatment and the attending doctor following the fashion in vogue was inclined to suspect it to be a case of Kala-azar and wanted to give antimony injection. The patient refused and we had a chance to see the case which was a case of chronic Vayu-Pitta fever.

To us who are trained to study disease not from the point of view of the "seed" but of the "soil," it is not of much moment whether it is caused by Plasmodium malaria or by Leishman Donovan body. We followed the practice laid down by our forefathers that bitters are specific in such cases of fever, not alone the Peruvian bark which is also a bitter. *As it was the season for Kalmegh*, we preferred it in place of others and administered it as fresh decoction with complete success.

We will cite another instance. Asoka is a well-known uterine drug whose active principles are better extracted with milk. We have found Asoka Ghrita to be more efficacious than Ext. Asoka Liqd. Modern medicine has recently recognised the importance of the lipoid fraction of the sex glands and this is the explanation why Asoka Ghrita is superior to Ext. Asoka liqd.

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Further it is a well-known clinical fact that fat soothes the nerves, being one of its ingredients. The equilibrium of the sex organs and nervous system is re-established by the specific drug Asoka with the milk-lipoid in Asoka Ghrita.

One may naturally ask what about Asokarista which is somewhat similar to Ext. Asoka Liqd. Asokarishta is beneficial for corpulent patients, for in their case the sexual lipoids are not only not wanting but probably superabundant The specific Asoka is enough. The alcohol soluble principles of Asoka meet the requirements.

In the face of the above-mentioned facts from Ayurveda (and such instances can be multiplied to any extent) can any medical man call Ayurveda unscientific? Such a deep study of minutest details as we find in Ayurveda, excites the admiration of its students and votaries. Let our opponents study Ayurveda without prejudice and they will no longer make such uncharitable remarks about the system of Charak and Sushruta which inspired the forefathers of western medicine, Hippocrates and Galen and from which all other medical systems of the world, ancient, mediaeval and modern, took their origin.

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Original Articles.

—:o:—

THE PULSE IN RELATION WITH VAYU, PITTA AND KAPHA PRINCIPLES

BY

DR. EKENDRANATH GHOSH, M.Sc., M.D., RTC.

Professor of Biology, Medical College, Calcutta.

(Continued from our last issue).

(*c*) Pitta—Vayu—Kapha.

1. वाताधिके वहेन्मध्येत्वये वहति पित्तला।
अन्ते च वहते श्लेष्मा मिश्रितेमिश्रिता भवेत्॥ II. 41. I. 4.

2. वाताधिके.....पित्तला।
अन्ते श्लेष्मवती नाडी सन्निपाते विलक्षणा॥ II. 42.

(1) The sequence is simply given in the passage with an additional note that a mixture of these conditions will follow a mixture of derangements (in various combinations). The author, it seems, refers to individual conditions rather than a sequence, that is, in an aggravated condition, the *vayu* impulse strikes in the middle; the *pitta*, when it intensifies, strikes in the beginning and the *Kapha*, when aggravated, strikes at the end. And in various combinations (double and triple derangements) we get corresponding combination of the strikes. We cannot say whether the author means the times of the day (which is highly probable) or the particular examining finger.

(2 The second passage seems to have the same import. It adds that in the *sannipata* condition the pulse has all the three characters. The latter statement probably indicates an irregular pulse (to be considered later on).

Both the passages are very obscure. They should reasonably indicate the time of the day and then point to an abnormal condition.

(*d*) Kapha—Vayu—Pitta.

तर्जन्या शैत्यभावश्च मध्ये चरति मारुतः।
वृतीये पित्तभावश्च प्रभु वायुः प्रकीर्त्तितः॥ II. 36; II. 42.

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The author of II. 36 quotes the passage from Vasistha. He states that such a condition is meant for sannipat, not curable by treatment. This variation of sequence is only feasible if related to the time of the day and then indicating diseased bodily condition.

(e) Kapha—Pitta—Vayu.

(i) वातपित्त तथा श्लेष्मा आदौ श्लेष्मा भवेत् तनौ। II. 14.

(ii) आदौ तु वहते श्लेष्मा पित्तं मध्ये ततोऽनिलः। II. 42.

(iii) आदौ च वहते श्लेष्मा मध्ये पित्तं तथैवच।
अन्ते प्रभञ्जनो ज्ञेयो नाडीज्ञैस्तु विशारदैः॥
II. 4; त्रिविधनाडिलक्षणं। II. 46.

(iv) एवं वहति शिरसि शैत्यं मध्ये तु वतासः।
विलसति पतिरुच्चै रन्ततोहि हि गन्धवाहः॥ II. 36.

(2) वायुर्यदा नासिकायां स्वगन्ध्या परिपूरितः।
श्लेष्मपित्तं स्पृशेत् किञ्चित् केवलं वातमादिशेत्॥ II. 4.

1. All the passages quoted here represent the some sequence of vayu, pitta and Kapha. We cannot deride whether they indicate the sequence of time or that of the impulses in relation to the examining fingers. The sloka (iv) is said to have been quoted from Vasistha.

2. The passage states that, if the *vayu* impulse, filled up with its motion (that is, fully intensified) strikes the ring-finger and the *pitta* and *Kapha* strike slightly, one should speak of the *vayu*, that is, *vayu* condition) only. There is no evidence for such a condition and such a view can only be reconciled if one takes the arterial tension to be very low, so as not to be felt beyond the ring finger. In such a case it is very doubtful whether the pulse wave should come under the *vayu* impulse.

Considering the variations generally, it seems to be highly probable that the original texts mean them for the different periods of the day and these variations are then to be taken to represent abnormal bodily conditions. All the other statements are not tenable from the view of the actual findings in the pulse examination

(II) Characteristics of the pulse wave in *Vayu*, *Pitta* and *Kapha* conditions.

(1) वाताद्वक्रगतिं धत्ते पित्तादुत्प्लुत्यगामिनी।
कफान्मन्दगतिर्ज्ञेया सान्निपातादतिद्रुता॥ I. 2;

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(2) वाताद्वक्रगतिर्नाड़ी पित्ताच्चपलवाहिनी।
स्थिरा श्लेष्मगतानाडी मिश्रजाद्वन्द्वजा भवेत्॥
I. 4; [2]चपलापित्तवाहिनी, [3]गति, [4]ज्ञेया [5]संसर्गा मिश्र लक्षणं; I. 3; [2]चपलापित्तवाहिनी, [3] श्लेष्मवती, [4] प्रोक्ता, [5]सर्वलिङ्गेषु स्वर्वगा, II, 1; II. 44; [2]चपलापित्तवाहिनी [3],[4] श्लेष्मवती ज्ञेया, II. 4; [2]चपलापित्तवाहिनी, II. 17; II. 18; [1]वाते, [2] चपलापित्तवाहिनी, [5]सर्वलिङ्गाचसर्वगा, II. 20 (1) II. 34; सर्वलिङ्गेषु सर्वगा, II. 26; [3]वती, [5] सर्वलिङ्गेषुसर्वगा, II. 30;

(3) वातस्य कुटिला नाडी पित्तस्य चपला भवेत।
कफनाडी भवेन्मन्दं त्रिविधनाडिलक्षणं॥ II. 2;

(4) पित्तेन चञ्चला नाडी वातनाडीच मध्यगा। II. 5.

(5) वाते वक्रगति र्भेकसर्पलावुककुर्मवत्। मृगमत्स्यः जलूक खुडोलेव धमनी-स्थिरा॥ पित्तेतु चपला काकपिकबकचटकवत्। कपोतहंस वर्तक तुरङ्गगतिवदस्थिरा॥ कफकपोतमयूरकुक्कुटाश्चमरालवत्। लुलुप टिट्टिभवधृगजवत्धमनी स्थिरा॥ II. 6.

(6) वाताद्वक्राऽथ पित्तात् भवति चपला श्लेष्मात स्थैर्य्ययुक्ता।
II. 8; II. 20 (ii);

(7) शीता कफार्ता स्थिरवादिनीस्यात् पित्तेतु सोष्मवाहिनी च।
वायौ द्रुतावक्रवहोष्मशीता भर्व्वत्र सर्वाकृतिरेव नाडी॥ II. 14.

(8) स्वस्थानस्थे वहति पवन किञ्चिदाभुग्नमेषासूक्ष्मा रुक्ष्माकफ इह तथा सत्यजीवा स्फुटीस्यात् शीते मन्दा कमट ते गमनां पव्वृते च स्थलस्थे पित्तेत्वेषा प्रबल चपलमृजुमंताः वैद्यमुख्यैः॥ II. 24.

(9) रुक्ष्मा वातोद्भवा नाडी चपला पित्तवाहिनी।
कफदोषाद्भवाः सुस्था मुनिभिः परिकीर्त्तिता॥ II, 28;

(12) वाताद्वक्रगता नाडी चपला पित्तवाहिनी।
स्थिरा श्लेष्मवती ज्ञेया मिश्रिते मिश्रिता भवेत्॥
II. 36; II. 38;

(i) वाताद्वक्रगामिन्युदारा पित्तात् तीव्रं तीक्ष्णं वेगा प्रयाति। श्लेष्मात् स्थैर्य्यास्थूला नाडिका स्याद् गभीरा ज्ञेया नाड़िका द्वन्दजा द्वन्दलिङ्गवः॥
II, 37,

(12) तृणंपुरःसरं कृत्वा यथावातोवदेद्बली।
स्वानुगञ्च तृणगुह्य पृथिक्यां वन्धगां यथा॥
एवं मध्यगतोवायु कृत्वा पित्तपुरःसरम्।
स्वानुगं कफमादाय नाड्यः वहन्ति सर्वदा॥
अतएव च पित्तस्य जायते चपला गति।
वक्राप्रभञ्जनस्यापि वैद्यो मन्दा कफस्य च॥

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वातायेऽस्ति गतिः शीघ्रातिशयति विदृश्यताम् ।
मन्दाऽनुगस्य वक्रा वै मरुतो मध्यगस्य च ॥ II 41.

(13) वक्रगाधमनीवातात् चित्ताच्चपलगामिनी ।
कफात् स्थिरा ज्वराद्ष्मा सा तु वेगवती सदा ॥ II. 42.

(14) शीता कफात्तो स्थिरवाहिनी स्यात् पित्ते तु ।
पित्ते तु सोष्मा चपलवाहिनी तु वाधो भृतावक्रवहेच्च सीना ॥ II. 47.

(15) वातवक्रगति नाडी चपलापित्तवाहिनी ।
स्थिरा श्लेष्मजा मस्कृत सर्वनाडिच सर्वदा ॥ II. 46.

(16) सूक्ष्मरूपा स्फुटा शीता स्वस्थानस्थ कफे तथा ।
पित्ते स्वस्थानगे तद्वत् प्रवलासरलाचला ॥ II. 20.

(17) सुक्ष्मास्थिरा च सौम्याच मन्द मन्दतरा वहा ।
कथयेत्तत सहजं वातजं वातलक्षणं ॥
पूर्णा च सरला दीर्घा तरला शीघ्रवाहिनी ।
एषामपि समाख्याति नाडिका पित्तसंस्थिता ॥
तन्तुतूल्या मन्दगति किञ्चिदुष्माच भवेत् ।
आचष्टे नाडिका नित्यं श्लेष्मनामसहज स्थितं ॥ II. 27.

The characteristics of the pulse wave in *Vayu* function are thus deduced from the passages quoted above:

(i) The pulse is crooked (curved), that is, with a slow rise and slow fall (1, 2, 3, 5, 6, 7,* 10, 11, 12, 13, 14, 15) and low ascent (7, 14). (ii) The pulse is slightly unbent (8, 17) This no doubt indicates the curvature and absence of an actual *bend* in the wave. (iii) The is pulse hard (रूक्ष , to the touch, that is, of high tension (8, 9) (iv) The pulse is slow (11, 14, 17). It perhaps refers to the time occupied by the individual pulse waves. It may also mean the rate in general. (11, 14, 17). It is of meduim speed according to (4).

The characteristics of the *Pitta*-impulse may be thus stated :—

(i) The pulse is jerky, that is, it quickly strikes the examining fingers and then quickly recedes. (1, 7, 11, 14, 17)

(ii) The pulse is quick (that is, the individual beats take very little time) (2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 17)

(iii) The pulse is straight, that is, with a shsrp rise and sharp fall (8, 16, 17)

(iv) The pulse has a large volume (8, 16, 17)

(v) The pulse has an acute top (11)

* The passage वाधोद्भतावक्र वहोष्मशीता is rather obscure. It may mean that the pulse wave is rather suddenly curved, rising steeply or quickly and going down slowly and gradually.

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The characteristics of *Kapha*-pulse may be thus enumerated :—

(i) The pulse is slow (that is, the individual beats take long time in their course). (It has already been mentioned in connection with *Vayu*-impulse that the pulse wave occupies a moderate amount of time ; thus we have the *Pitta*-wave quickest of all, *Vayu*-wave has a very medium course and *Kapha*-wave is slowest of all in relation to the amount of time they occupy.) [1, 3, 2, 4, 5, 6, 8, 9, 10, 11, 12, 13, I4, 15, 17.]

(ii) The pulse has a low ascent (that is, with a slight rise). [7, 8, 17, 14, 16.]

(iii) The pulse has a blunt top (11)

(iv) The pulse is deeply-seated (that is, soft) (II) and small (16, 17)

(III) Comparison with the progression of the familiar animals. The pulse characteristics when comparable with the movements of the animals have been sometimes considered abnormal (that is, in derangements). There is however no sharp line of demarcation between the normal and abnormal conditions at least from this point of view.

(1) नाडी धत्ते मरुत्कोपे जलौकासर्पयो र्गतिं।
कलिङ्गकाकमण्डुकगतिं पित्तस्य कोपतः॥
हंसपारावतगतिं धत्ते श्लेष्मप्रकोपतः॥
I. 1 ; II 1 ; II 4 ; II 25 ; II. 26 ; II 28 ;
II. 31 ; II. 34 ; II. 44.

(2) सर्पपत्रौकादि गतिं वदन्ति विबुधा प्रभञ्जने नाडीं।
पित्ते काकबलाका[1] मण्डूकगतिं वदन्ति सुधियः॥
राजहंसमयूराणां पारावतकपोतयोः।
कुक्कुटस्य[2] गतिं धत्ते धमनी कफसङ्ज्ञिनी॥
[1]लावक, II. 4. (a) ; [1]कलासादि, II. 12. [2]कुक्कुरादि, II. 18.
II. 29 ; II. 30 ; II. 36 ; II. 38 II. 47.
आदि शब्दात् हस्थिक दोलायितगतिः।
पित्ते कलिङ्गकलविङ्कादिगतिः। कफे गजवराङ्गनादिगतिः॥

(3) मण्डूकपिककाकगतिं गमनं पित्तस्य चोद्रेकतां।
मयूर गजहंस द गम्यं स्थिरं श्लेष्मजम्
कुरगपिजलुकर्ता कलचरं बक्रगतिं वातं।
पित्ताधिकात्तु चपला नाडी वहति काकवत्।
पिकदर्दुरसञ्चारं चटकावर्त्तकागतिम्॥ I. 4.

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(4) सर्पच जन्तुनाचैव जलुका जलचरा।
गतिरेव प्रवक्ष्यामि वातनाडी वदाम्यहं ॥
लाउकी भेडुकीचैव वायसीचटकी तथा।
गतिरेव प्रवक्ष्यामि पित्तनाडी वदाम्यहं ॥
राजहंस मयूरस्य पारावत कपोतकैः।
कुक्कुटधमनीचैव कफनाडी वदाम्यहं ॥ II. 2.

(5) वाते.....स्थिरा 11 [See II (5), above under the general characteristics.]

(6) वाते क्रुद्धे जलौका भुजगगतिमती पित्तकोपे कुलिङ्गकाकाभ्यां भेकवद्वा कफजुषितसमं हंसपारावताभ्यां II. 8.

(7) नागजलौकागति करये गमन।
वातादिक बले तारे जानिबे लक्षण ॥
काकमण्डूकीर गति नाड़ी यदि हय।
पित्तादिक बलि तारे जानिबे निश्चय ॥
हंस-मयूरेर गति करये गमन।
श्लेष्मादिक बले तारे जानिबे लक्षण ॥ II. 9.

(8) वातनाडी वक्रगतिर्भेकलावुकसर्पवत्।
व्यालस्य डोलवत्तस्य जलूकस्य गतिर्भवेत् ॥
चपला पित्तका नाडी यथा लावुकपिकवत्।
मण्डूकस्य गतिर्नाडी चटकस्य गतिस्तथा॥
कफास्थिरगति प्रोक्ता कुक्कुटस्य गतिस्तथा।
पारावतस्य कपोत नाडी सन्नभटोद्भवान् ॥ II. 13.

(9) वातेन नाडी खलु वक्र भल्लुव्यालोडुलूकगतिरूक्षं। पित्तेन धमनि.....
काकाटिट्टिभकलासोपमः। II 14.

(10) मण्डूकयुककाकलावकगतिः पैत्यच्च..... वेगतां।
मायुरं गजहंसकुक्कुटपदं गम्यं स्थिरं श्लेष्मजं ॥
कूर्मसर्पजलूकतां जलचरं वक्रगतिं वातजां।
इत्येवं विविधं विशेषचलनं नाडी परिज्ञापनम् ॥ II. 16.

(11) नाडी धत्ते मरुत्कोपे जलौकासर्पयोर्गतिं।
काकलावकमण्डूकगतिं पित्तप्रकोपतः ॥
राजहंसमयूराणां पारावतकपोतयोः
कुक्कुटस्य गतिं धत्ते धमनी कफसङ्गिनी ॥ II, 17.

(12) वातोद्रेके गतिं कुर्याज्जलौकासर्पयोरिव।
पित्तोद्रेके तु सा नाडी काकमण्डूकयोर्गतिं ॥
हंसस्येव कफोद्रेके गतिं पारावतस्य वा ॥ II. 20.

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The *Vayu*-impulse resembles the progression of the following animals :—

(i) The scorpion ; the progression of the animal is spoken of as a wavering motion (2)

(ii) The leech and snake, these animals are most commonly selected for comparison.

The progression of the snake is mentioned as a waving motion. (1, 2, 3, 4, 5, 6. 7, 8, 10, 11, 12).

(iii) Deer (3, 5).

(iv) Wading birds (aquatic animals ?) (4, 10).

(v) The ram (5, 8).

(vi) The quail (5, 8).

(vii) The tortoise (10).

(viii) Fish (5).

(ix) The bear (9).

(x) The owl (9).

The pitta-impulse resembles the movements of the following animals :—

(i) The frog or toad (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12).

(ii) The shark (1, 2, 6).

(iii) The crow (1, 2, 3, 4, 5, 6, 7, 10, 11, 12).

(iv) The crane (2).

(v) The Indian black koel (3, 5, 8).

(vi) The sparrow (2, 3, 4, 5, 8).

(vii) The quail (3, 4, 5, 8, 10, 11).

(viii) The chameleon (9).

(ix) The parrot (10).

(x) The horse (5).

The Kapha impulse agrees with the movements of the following animals :—

(i) The duck and goose (1, 2, 3, 4, 5, 6, 7, 10, 11, 12).

(ii) The pigeon (1, 2, 4, 6, 8, 11, 12).

(iii) The spotted-necked pigeon (2, 4, 8, 11, 12).

(iv) The pea-fowl (2, 3, 4, 5, 7, 10, 11).

(v) The fowl (2, 4, 5, 8, 10, 11).

(vi) The lapwing (5, 8).

(vii) The buffalo (5).

(vii) The elephant (3, 5, 10).

(ix) The women and the bride or lately married woman (5).

We are now in a position to compare the principal pulse characteristics in *Vayu*, *Pitta* and *Kapha* in a tabular form.

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	Vayu	*Pitta*	*Kapha*
1.	Individual beats slow (of medium course—slower than Pitta and quicker than Kapha).	Individual beats quick in time.	Individual beats slow in time.
2.	Pulse wave curved with a slow rise and fall and of low ascent	Pulse wave jerky, with a straight sharp rise and fall.	Pulse wave with a slow faint rise and a slow fall.
3.	Pulse hard (with high tension).	Pulse comparatively soft.	Pulse soft (with low tension).

Looking at these pulse characteristics from the point of view of the Modern Western Medicine, we find them quite correct and practical clinically. The clinical examination of the pulse, we are here concerned with, includes variations in the tension, volume and velocity of the pulse. The tension is regulated by the force of the ventricular contraction, by the degree of peripheral resistance (due to the contraction of the arterioles) and the elasticity of the arteries. The volume, that is, the extent of the expansion of the artery, depends upon the amount of blood thrown into it by the ventricular contraction, upon the tension of the arterial wall and the amount of intra-arterial preessure due to the degree of peripheral resistance. The velocity depends upon the force of ventricular contraction with a corresponding degree of arterio-capillary relaxation. Now the three types of the pulse depend upon the variations of these three pulse conditions. In *Vayu*-pulse we have high tension, increased volume and a low velocity. In *Pitta*-pulse we have moderate or low tension, ordinary or rather low volume and a high velocity. In *Kapha*-pulse, we have low tension, low volume and low velocity.

We now compare these pulses with parallel conditions recognized in Modern Medicine. The Vayu pulse when strongly predominant, is comparable to the *pulsus durus* which has been thus described in DaCosta's Physical Diagnosis, p. 323 :—"a tense, hard, non-compressible pulse of hypertension." The *Pitta*-pulse is comparable to the *palsus celer*, one whose undulations are abrupt, and gives rise to a series of sharp tapping beats which, irrespective of their volume, quickly recede from the palpating finger" (DaCosta, p. 327). Lastly, the *Kapha*-pulse is comparable to *pulsus parvus* (DaCosta, p. 327) which is attended by but slight stretching of the vessel wall during the heat.

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Physiological variations in Vayu, Pitta and Kapha functions, as recognized by the pulse :—

We have already studied the normal pulse variations in a general way We shall complete it here in connection with Vayu, Pitta and Kapha functions. We shall consider (a) the daily and b) seasonal variations and (c) monthly variation.

(*a*) The daily variations.

पूर्वाह्णे श्लेष्मनाडी सुखसमयगुणा शीतमन्दा कषाया।
मध्याह्ने पित्तनाडी कटुमधुररसा शारदा श्लेष्मा तीव्रा॥
सायाह्णे वातनाडी हिमगुणा मधुररसा शीतोष्णा वक्रा।
चैवं पूर्वार्द्धरात्रौरुषसि च शिशिर ग्रीष्मवर्षाक्रमात्तु॥ II. 6.

The *Kapha*-nadi is seen in the forenoon, *Pitta*-nadi in the midday and *Vayu*-nadi in the afternoon. In the first period of night Vayu remains prominent; in the second period the Pitta-function remains prominent, In the last part of the night the Kapha becomes prominent.

The other variations have already been studied.

(*b*) Seasonal variations.

(1) वर्षासु शिशिरे वायुः पित्तं शरदि उष्मके।
वसन्ते तु कफ कुर्य्यादेवप्रकृतिरात्तवी॥ *Nariguan Siksha.*

(2) ग्रीष्मे सञ्चीयते वायु प्रावृट्काले प्रकुप्यति।
वर्षायाम् चीयते पित्तं शरत्काले प्रकुप्यति॥
हेमन्ते चीयते श्लेष्म वसन्ते च प्रकुप्यति।
प्रायेन प्रशमं याति स्वयमेव समीरणः॥
शरत्काले वसन्ते च पित्तं प्रावृट्ऋतौ कफः।
चयकोपोपशमान्तु विजानीयाद् भिषग्वरः॥ II. 6.

(3) जलूकगजयोर्यानं शिशिरे धमनी वहेत्।
हेमन्ते च वहेत् यानं मन्डूकजलकाकयोः॥
हंसत्याल (सारपाद) गतिं धत्ते ग्रीष्मेतु धमनी कृशा।
राजहंसगतिं धत्ते धमनी वसन्ते स्थिरा॥
चक्रमत्स्यगतिं धत्ते धमनी शरदि स्थिता।
वर्षाकालेतु धमनी शशकस्य गतिर्भवेत्॥ II. 12; II. 6.

The Vayu remains prominent in the winter (*Magha-Falguna*) and in the rainy season (Asharha—Sravana) (1). It begins to aggravate in the summer, becomes predominant in the rainy season and becomes tranquil in the autumn (2).

The Pitta remains prominent in the autumn and summer (1). It begins to aggravate in the rainy season, predominates in the autumn and calms down in the spring (2).

The Kapha remains prominent in the spring (1,3). It begins to aggravate in the *hemanta*, becomes prominent in the spring and becomes tranquil in the rainy season.

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There appears a slight difference of opinion as regards the seasonable variations. We find the following from the passage (3).

In the cold season—Vayu and Kapha.
In hemanta—Pitta and Vayu.
In summer—Kapha and Vayu.
In spring—Kapha.
In autumn—Pitta.
In rainy season—Vayu.

(*b*) Monthly variations :

The monthly variations of *Vayu*, *Pitta* and *Kapha* have been depicted in one treatise.(II., 44) :—

मार्गे पौषे तथा माघे आषाढ़े श्रावणेऽपि च।
भाद्रपदे चिकित्सज्ञः वातराज प्रकीर्त्तितः॥
आश्विने कार्त्तिके मासि वैशाखज्यैष्ठयोः ध्रुवं।
सर्वशास्त्रविचरज्ञैः पित्तराज प्रकीर्त्तितः॥
फाल्गुणे चैत्रमासे च जन्तुपीडकरी मतः।
शीतोष्णार्द्रांशसुत्पन्नं श्लेष्मराज दृढः स्मृतः॥

The Vayu becomes predominant in Agrahayana (Nov.—Dec.), Pausha (Dec.—Jan.), Magha (Jan.— Feb.), Asharha (June-July), Srabana (July—August) and Bhadra (Aug.—Sept.)

The Pitta predominates in Aswina (Sept.—Oct.), Kartika (Oct.—Nov.), Vaisakha (April—May) and Jaistha (May—June).

The Kapha becomes prominent in Phalguna (February—March), Chaitra (March—April) and in half the period of the cold and summer seasons.

The Ayurvedic physicians also recognized a variation in the three principles in connection with the meal. According to them, the Vayu becomes prominent in the first stage (during chewing and swallowing), Pitta predominates in the second stage (during digestion) and Kapha becomes prominent in the third stage (during assimilation).

We now consider a few passages which assign three presiding deities to the three bodily principles.

(1) वातनाडी भवेद् ब्रह्मा पित्तनाडी च शङ्करः।
श्लेष्मनाडी भवेद्विष्णु स्त्रिदेवा नाडिदेवताः॥ II. 29.

(2) श्लेष्मके ब्रह्मसंज्ञं च पैत्यके विष्णुसंज्ञकं।
वाते ईश्वरसंज्ञं च इति धन्वन्तरीमतम्॥ II. 16.

(3) ब्रह्मनाडी स्थिरा वाता विष्णुनाडी च पित्तला।
रुद्रनाड़ी कफोत्पन्न नाडित्रयमिति स्मृता॥ I. 4.

The presiding deity of Vayu-nadi is Brahma (1, 3) or Rudra (2) ; that of Pitta-nadi is Vishnu (1, 2, 3) and that of Kapha-nadi is Rudra (1, 3) or Brahma (2). So far we understand here as well as elsewhere that there seems to have been a transposition of Vayu and Kapha in II. 16.

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.,—(Hazaribagh).

(Continued from our last issue).

DYSENTERY.

In the acute forms it is advisable in the majority of cases to withhold all food from 24 to 36 hours after onset. Fluid should be given either as barley-water or rice-water in Shiga infection or egg-albumen water in Flexner infection (Acton). Plain water should be given in severe cases.

The liquid food should be given in small quantity at a time and it should be of the right temperature (slightly warm).

As in dysentery the living of the colon is irritated and inflamed sometimes to the point of ulceration and sloughing, it should be kept at rest as far as possible.

As the first stage of acute dysentery is usually associated with a severe catarrhal condition of the entire alimentary tract, liquid diet is alone indicated.

When the tongue is thickly coated, milk is rarely well-borne and it should be replaced by barley water, rice water, egg albumen water or chicken jelly.

When the tongue looks clean and gastric digestion is improved, milk diluted or peptonized should be given with egg-water, barley-water etc.

The object is to give such food as will produce the minimum amount of irritation.

According to Kemp when the condition improves and the stools begin to show the normal consistency, further increment of diet should be given.

"Hasten slowly" should be the motto, for the convalescent patient is not "out of the woods" and any over-indulgence in eating or drinking may bring a relapse.

In *Chronic dysentery* no rigid rules of diet can be advocated. The personal equation is very important and food idiosyncrasies should be remembered.

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The following should be forbidden in chronic cases :—

(1) Alcohol and partially fermented drinks,
(2) Strong Tea and coffee.
(3) Ice drinks and large draughts of water.
(4) Rice soups.
(5) Oiled fish and shell fish.
(6) Red meats.
(7) Coarse vegetables.
(8) Nuts.
(9) Preserved fruits *e.g.* raisins, jams, jellies etc.

If the diet is too monotonous and restricted in long standing cases, scurvy may supervene or asthenia and loss of weight result. Hence a long continued monotonous semi-starvation diet is not always the surest road to recovery.

Cirrhosis of Liver often causes hæmatemesis. When it happens, Rolleston insists that nothing, not even water, should be given by the mouth for 2 days. As a rule it is unnecessary to give nutrient enema during this short period but an enema of plain water 1 pt. at the time should be given 3 or 4 pints daily to relieve thirst.

On the third day, provided that there has been no recurrence, feeding by the mouth may be started with peptonized milk, peptonized milk gruel, gradually increased. For a week or so the same food is to be continued and gradually and cautiously modified.

POST HÆMORRHAGIC ANÆMIA.

The blood serum can be quickly restored to its original amount by the injestion of fluids. Water should be freely administered by the mouth or rectum or subcutaneous or intravenous injection.

The restitution of protein elements requires a much longer period and here a suitable dietary with non-irritating Iron preparations combines to hasten convalescence. Small quantity of solid food frequently repeated will tax the digestive system less, which could be stimulated by a mixture of Hydrochloric acid and Nux vomica.

Arterio-Sclerosis—The diet should take into account the kidneys and the Heart.

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When Kidney Conditions Supervene.

Meats should be restricted as they are the chief source of toxins which impair the kidneys. Such meat is permitted that is free from protein bodies and whose albumen content is chiefly Sulphur protein. The latter is generally tasteless and devoid of flavour. Boiled meat is better than fried ones, because in the former the purin bodies are removed by boiling.

Milk diet is unquestionably the best and as long as the Sclerotic patient is not suffering from organic heart lesion. In the latter case milk can be given while the blood pressure and water retention are watched. Milk should be diluted with vichy water. Avoid wines and spirits.

Sea foods of all kinds should be absolutely fresh. Eggs should be eaten sparingly. Vegetables like radish, asparagus, garlic, onion, celery etc., should be forbidden as they contain irritating oils. Preference should be given to those vegetables grown underground on account of their high nutritive value. Salads are pleasant and useful because they are laxative and because considerable fat can be taken in a palatable form. Flour, rice, cereals are freely permitted.

Alcohol, tea and coffee should be forbidden. For an European, the avoidance of tea makes him practically miserable and thus weak tea may be allowed with plenty of milk.

The intake of salts is restricted, for salt is retained in the tissues and diminished in the urine.

In the cardio-vascular cases while protein is harmful in excess, it is necessary in moderation. Protein is the food element for replacing wear and tear, building up of tissues and strengthening the muscular system and stimulating the activity of the Nervous system.

Bishop says that the quantity of food should be restricted to actual necessity and superfluity should be avoided. He advocates small deals daily, the largest in the middle of the day and the food to be taken as dry as possible.

In arterio sclerosis from cardiac or renal disease, much may be accomplished by simply reducing the quantity. Carbohydrates are necessary to the requisite amount as they supply the carbon of Co_2 given out with expiration, diminition of which results in exhaustion.

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The question of fluid is an important one and drinks should be restricted, for the over-loading of the system with water puts an extra strain on the heart which is disastrous if there is failure of compensation.

High Blood Pressure—It should be remembered that this does not always go with arterio-sclerosis. An individual may have general arterio sclerosis without high or even only low B. P. while there may be high B. P. without arterio-sclerosis. The cause of high pressure may be gout, nephrites, mental worry, excessive mental or nervous strain or a matter of internal secretion etc. Diet should be regulated accordingly.

The mechanism regulating B. P. is very sensitive and quickly responds to any demand for a high or low pressure. The general condition of the patient, the heart, kidney, nervous or G. I. system—in fact the entire man, must be taken into consideration, when prescribing a diet for high or low pressure. Each diet must be carefully regulated to suit individual cases. Every case of increased pressure is sure to be benefited by a low protied diet and restriction of quantity and fluid during meals.

HÆMORRHAGE IN PHTHISIS.

This should be discussed in considering the diet of the diseases of the respirtory system.

CONSTIPATION (Bilambika, Udabarta and Anaha.)

European Practice—

Use foods that have a bulky residue to stimulate the muscular coat of the intestine. Cooked fruits should not contain much sugar. Neutralise acid with sodi Bicarb. Drink plenty of water with or between meals, before rising and again on retiring to bed. After eating fruits it is better to drink a glass of water, as this increases the value of the fruit, specially when the fruit is eaten between meals. It is well also when the perspiration has been free that one should replace the fluid lost to consume a larger quantity of water than usual.

Take regular outdoor excercise.

Never neglect a call of nature—make a point of encouraging the action of the bowels at a certain time each day and allow nothing to interfere. Avoid all light bands about the waist. Be regular in food, rest, work and play regularly as it is the essence of healthy life.

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Absolutely forbid taking meat with tea ; insist on fruit, jam, honey or treacle with farinaceous food (rice etc.) and order every night and morning stewed fruit.

Clothe the body warmly to avoid the skin getting a chill and feet should be kept warm.

Tepid sponging followed by brisk friction of the skin with a rough towel daily to secure vigorous action of the skin is necessary.

Abdominal massage should be performed ten minutes before rising followed by hot water.

Regular exercise of those kinds that will bring the abdominal muscles into play.

To avoid—

Eggs in every form.
Milk, milk puddings,
Sago, Rice, Semolina, cornflour and all other starchy food with or without milk except bread.
All sweets.
Tea, condiments, pickles, curries.
New bread.
Salt, nuts.
Pineapples and bananas.

Allowed :—

Soups.
Fishes—all sorts.
Meats—poultry, game.
Farinaceous—bread.
Vegetables—most fresh, boiled, with olive oil.
Desserts—Fruit is more active if taken before or between meals.
Beverages—glass of water, preferably hot drink on arising, coffee, cocoa, Lemonade, unfermented grape juice, mineral water.
Stimulant—none.

Note—The best form of cellulose to take regularly for constipation is the outer rind of Esaf-gul, (Sofgul-ka-Bhunsa) prepared and freely used in the Punjab, A tea-spoonful with sugar and hot water or milk at bed time will relieve constipation without any after effect. The vayu is stimulated, not over-stimulated and there is no after-depression with severer constipation to follow.

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OTHER ABDOMINAL DISEASES

(Udarbarta and Anaha)

"Udarbarta" is the general name for the various clinical syndromes produced as a result of persistent, long-continued refusal to attend immediately any call of nature *e.g.*, defæcation, urination, secretion of semen, hunger, thirst, passage of flatus from the upper or lower G. I. tract yawning, lacremation, sneezing, vomiting etc. The result is aggravation of local vayu, followed by after depression. The particular secretion or excretion is arrested.

"Anaha" (constipation) is the result of that form of "udarbarta" in which "Am" (undigested food), fæcal matter is locked up in the stomach or intestines.

When the stomach is full of "Am" (mucous) as evidenced by nausea, give emetics ; when the intestines lock up the mucous and fæcal matter with undigested food, give purgatives.

FOOD AND PROCEDURES.

Soothing fermentations and applications, purgation, Enema (vasti kriya), suppositoria (Barti), Rubbing of oil, food which stimulate purgation, urination, evacuation of flatus, soup of meat (to check fermentation due to excess of starchy diet), light wines (to stimulate appetite after evacuation, laxative like castor oil, young radish (diuretic), Leaf sondal (cassia laxative), Teori (I. Digitala-purgative), leaf "sij" (cardiac stimulant-cactus), lime, alkali (Javakhar), myrobalum (laxative), assafœtida (to check severe tympanites), wheat, coarse (laxative), Rock salt etc. are good according to indications.

To avoid vomiting (in constipation), delay in immediate response to call of nature, pulses, naltasag (bitter, astringent), Black Jam (astringent), potatoes and others which produce wind and tympanites, also incompatible foods, bitters etc.

We have put the Western and Eastern form of dietatic treatment to show how far they agree and differ due to climate; diet and habits etc. of orientals differ materially from that of the west. Further the reader of this article will find many an explanation of Ayurvedic truths, lost to us, by the knowledge of the west.

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Section III.

Diet in Diseases of the Respiratory System.

The Respiratory diseases are classified as follows :

(1) Kasi or Cough
(2) Swasa or Asthma
(3) Swarabhanga or Husky Voice
(*d*) Raja-Jakshma or of Phthisis Pulmonis.
(*e*) Hikka or Hiccough.

Kasi or Cough.

Cough may be due to derangement of Doshas or Dhatus and etiologically 3 varieties and pathologically 2 varieties are described.

(1) Bataja (due to Vayu deranged)—dry hacking cough ,
(2) Pittaja (due to Pitta deranged) associated with fever and other signs of Pitta derangement.
(3) Kaphaja (due to Kapha deranged) with excess of secretion.

These etiological varieties of cough occur in the course of various diseases.

Kshataja (due ulcer in lungs) accompanied with secretion of sputum mixed with blood.

Kshayaja (associated with wasting disease)

The important point to note in this pathological classification of cough is that Ayurveda, like modern medicine, distinguishes tubercular and non-tubercular disease of lungs accompanied with hæmoptisis.

Food and non-diet Procedures Prohibited.

Enema, Errhines, venesection, physical exercise, food which causes acidity and tympanites, delay in attending calls of nature, sun's heat, foul gas, dust, long walks, fish, potatoes and other underground starches, mustard, gourd (Lau), Bacella Rubra (Pui Sag), bad water, bad rice, incompatible food, heavy and cold diet and drink.

Allowed :—Fomentation (sweda), Purgation, Emetics, vapours (medicated), proper quantity and quality of food, Dadhkhani rice, Maskalai (P. Roxburghi), Mug (P. Mungo), Kulthi (D. unifloris),

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soups, soups of meat of domesticated animals like goat, soups of meat of aquatic animals like tortoise, soups of meat of animals living in desert rigions, wine, old ghee, vegetables like Brinjal, young radish, "Sushuni Sak", raisins, "Telakucha," goat's milk and ghee, cardamon, cow's urine, garlic, E. myrobalan, three carminatives (Trikatu), hot water, honey, fried paddy (khai), sleep at day time and easily digestible food according to indication with reference to Doshas.

EUROPEAN CLASSIFICATION OF COUGH.

Cough is one of the cardinal symptoms of respiratory diseases. The following clinical varieties are described in Savill's clinical medicine.

(1) The recurrent wheezy cough with expectoration of Bronchitis.
(2) Paroxysm of cough alternating with vomiting of whooping cough and advanced Phthisis.
(3) Paroxysmal cough with fœtid expectoration of Bronchiectasis.
(4) Paroxysmal cough with or without expectoration of enlarged Bronchial and mediastinal glands.
(5) The Hawking cough of throat trouble and in nervous and hysteric persons and of disgestive troubles.
(6) The irritable cough of early morning and at bed time of early Phthisis.
(7) The Night cough of enlarged uvulæ aggravated on lying down.
(8) The short suppressed cough of pleurisy or pleuro-pneumonia.
(9) The brassy cough of Aneurism or mediastinal tumours.
(10) The reflex cough of vagus irritation due to Gastro-intestinal disease or worms in intestines in children, to pericarditis, to carious teeth or to ear troubles.
(11) The short dry cough by going into the cold of pharyngites.
(12) The cough coming in a worm atmosphere of Phthisis.

For students of Ayurveda who study diseases from the view point of the soil, it will not be difficult to place each of these clinical varieties of cough under respective heads according to their nomenclature in classifying these various coughs.

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General Principles underlying Dietary Treatment of Respiratory Diseases from European Point of view.

In diseases of the respiratory system, diet is a factor of great importance not only from the curative point of view but from that of alleviating symptoms.

Care must be taken that diet produces no bad effect on respiratory movement or circulation. Whatever interferes with respiratory activity has a corresponding injurious effect on metabolisim. The quantity and quality of food should be so regulated that an increased amount of wrok may not be thrown on the already overtaxed lungs. The free action of the lungs is interfered with, when intra-abdominal pressure is raised as a result of fermentation or distension. As the respiratory exchange is already interfered with, care should be taken that retention of Co_2 is not further increased (turning the body PH towards the acid side, lowering vitality and tissue resistance against infection.)

The circulation of blood through the lungs should be taken into account. It is already impeded in pulmonary disease. As healthy blood flows more freely than if it is unhealthy, care should be taken that the blood should not be loaded with a superabundant amount of food product (or deranged chyle). For these add to cardiac debility and exhaustion, the gravest danger in pulmonary disease.

In chronic affections when to a large extent a state of equilibriun had been reached, diet is not so much a disturbing factor. In chronic wasting diseases diet has a direct beneficial action as opposed to acute cases where the effect is more or less indirect. Many of the respiratory diseases associated with fever are included in Ayurveda in the chapter of Fever due to Kapha, Vayu-Kapha, Kapha-Pitta or Sannipatik derangement. We have discussed the dietetic treatment of such conditions under those heads. We therefore begin discussion here of diet from European point of view in each respiratory disease.

Diet in Broncho-Pneumonias and Pneumonias

Indications :—

(1) Distension of stomach increases the respiratory embarrassment, hence food should be easy of digestion, not apt to produce flatulence, *e.g.* milk, whey, beef, mutton, chicken soup.

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(2) There is marked thirst for which liquid food is indicated.

(3) There is loss of appetite, impairment of digestion, high fever and toxæmia.

The routine diet is 1½ pint or milk or whey, 1 pint of meat soup and one egg with tea or coffee. Milk may be made palatable and digestible by adding lime-water, barley-water, soda-water or mineral-water. Milk with soda citras is recommended by Briscoe. (Strength—1½ grs. to 1 oz. of milk). Farinacious food should be restricted as they are apt to produce flatulence.

The quantity should be reduced at each meal to prevent mechanical distension and the number of meals increased. Over-feeding should be avoided and only sufficient food given to keep up the patient's vital power which is reduced by over-feeding.

Starvation is recommended in full-blooded persons. In weak elderly persons neutritive food should be given avoiding too much carbohydrates, *e.g.* eggs, meat soup, cream etc., but digestion should not be overtaxed.

When gastric disturbances are present, and the patient is weak, milk peptonized or to which liquor Pancreaticus (Benger's) is added should be given.

To relieve thirst, neutral lemonade should be given. It may be given cold (but not iced). The first liquid food in the morning should be given with alkali (*e.g.*, Sodi Bicarb, 2 gr. to 1 oz.)

For elimination of toxins, fluids should be freely given.

Sutherland lays emphasis on the point that a careful distinction be made detween food and drink.

Tibbles criticises that the old idea of "starving a fever" should not be practised but fever cases should be given more generous diet. Meat and carbohydrates are well-borne, not fats.

If the patient is full-blooded, starvation can be advised with advantage for appetite is lost which is natural way of showing weak digestive powers.

In weak debilitated persons on the other hand, fever weakens the system and reduces the vital powers and more generous diet should be given (easily assimilable nourishing food which does not upset digestion).

The patient should therefore be closely watched, for any signs of flatulent digestion and diet is more important than drug in such a case.

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The golden rule is a spare or semi-starvation diet in full blooded persons and a more generous diet in weak ones, always watching for gastric symptoms.

Alcohol in Pneumonia.

This is a vexed question. According to Smith, excessive amount should be given (till the patient smells of liquor) to prevent cardiac failure, without toxic effect.

The proper time to give alcohol in a fairly healthy subject is after the 4th day (pre-critical stage) and continued throughout the crisis and diminished after the crisis when recuperation sets in.

The indication for alcohol is the condition of the pulse. It should be given when pulse is weak, irregular, soft and compressible and runs over 110 per minute.

The more sudden the change, the more vigorous should be the administration of alcohol. Sleeplessness, dry mouth and tongue, low muttering delirium are indications for alcohol. Patient should be closely watched to see that beneficial results follow its administration.

In chronic alcoholic patients who are always bad pneumonic cases, alcohol should be freely given from the beginning.

The contra-indications are when the pulse is full and bounding even though there is sleeplessness, restlessness, delirium or loss of appetite. It should be avioded if acute peri-cardities, much œdema of lungs or severe bronchial catarrh are present. Anaemic patients are hardly benefited. It is seldom needed in labour pneumonia of children.

The good effect of alcohol is to stimulate the medullary centre. The golden rule is to give it "so long as it reduces the pulse rate, steadies the heart and increases its tone." It should not be ordinarily given in the early stage of the disease lest re-action comes on before crisis.

Ayurvedic Practice.

Pneumonias may be considered as a Sannipatik fever with—

(1) Excess of Pitta deranged in the first or conjestive stage (Pittolyan Sannipat.)

(2) Excess of Pitta-Vayu deranged in the second stage of consolidation (Bata-Pittolyan Sannipat.)

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If crisis occurs, this excessive derangement of Vayu-Pitta subsides on the 7th day and the patient becomes convalescent.

(3) Stage of resolution when the excess of Vayu-Pitta (hyperfunction) is neutralised by stimulation of Vayu-Kapha marked by relief of useless cough with secretion when the fever ends by lysis.

In the first or acute stage of fevers, the Ayurvedic practice like that of ancient European Medicine is to "Starve the fever out" in suitable full-blooded cases as we have discussed under "Langhan" (starvation) which should be avoided in case of children, weak adults, elderly persons and pregnant females. The object is to relieve the conjestion by depressing "Pitta" by starvation.

Of course in every acute stage of fever, after starvation, unless contra-indicated and from the beginning, liquid food is indicated. Milk is not advocated as Indian stomachs weakened by high fever can hardly digest it and the result is flatulence. There starch gruels are recommended. Meat soups are of course contra-indicated in the Pitta or Vayu-Pitta stage. When Europeans cannot bear fat, Indians with weaker gastric digestion can hardly do so (milk fat).

Alcohol which excites Pitta is contra-indicated in the 1st stage when Pitta is excited.

Soups of meat are not recommended though pulse-soups are advised in weak debilitated subjects.

The indications for alcohol are fully discussed by Europeans in Pneumonia. The sheet anchor of support by Kabirajes is the administration of Makaraddhaj with suitable anupan like decoction of "Arjun".

Another point to note in Ayurvedic practice is the administration of food and drink, luke warm particularly at night time.

Acid food and drink like whey is forbidden as acids increase conjestion.

When the secretion is very free as in lysis or later stage of Bronchitis, fluids are restricted (*e.g.*, in catarrh of the lungs) as in modern practice.

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Swasa or Asthma.

Purgation, fermentation, medicated smokes, emetics, sleep at day time, old Rice, Kulthi Kalai, wheat, meat of rabbit, peacock, partridge and fowl, meat of game birds, deer's meat, old ghee, goats' milk, medicated wines, honey, vegetables like radish, garlic, myrobalan, Telakucha, raisins, cardamon, hot water, Trikatu (3 carminatives), calfs' urine, food which checks Vayu and Kapha, counter-irritation at the sides of the chest, at the neck above the supra-sternal notch, at the root of the middle finger of both hands by a hot piece of iron are beneficial.

To avoid—delay in attending calls of nature, snuffs, enema, physical and mental exercise, walking exercises, carrying heavy load, dust and heat of sun, foods which cause tympanites, coetion, heating articles of diet, meat of animals living in marshes, dietetic articles fried in mustard oil, venesection, east wind, cold water, drink after meal, sheep's milk, bad water, fish, underground starches like potato and kandha, mustard, Long Pepper, drying, cooling and heavy articles of diet, new molasses, pulses like musur and Kalai, sajina sag, curd, fruits like plantain etc.

It may be noted that many of the indications and contra-indications will be better explained from modern medicine.

European Practice.

Our idea of the etiology of Asthma has recently changed considerably and it is now considered as an anaphylaxis. Hence diet is of considerable importance.

Asthmatics show peculiar idiosyncrasy to diet. Proteids, starches and fats may precipitate an attack in an individual case, hence each case should be judged on its own merits, for any article of food not necessarily indigestible may precipitate the attack. Special idiosyncrasy exists and varies with each individual not only with regard to each food principle but also with regard to individual foodstuff. The sufferer himself should discover what food should agree with him and what not.

During an attack, the diet must be rigidly restricted and should be as easily digestible as possible *viz.*, liquid food.

With regard to diet between the attacks, the patient should be taught to regard his digestion and the selection of food as of utmost importance. Sutherland advises that it is better to state

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what the patient should not take rather than what should be allowed.

All food which impairs digestion (rich and indigestible) should be avoided. Sauces, pastry, sweetened puddings, cooked butter, cheese, nuts, dried fruits, pickles, salmon, pork, all re-cooked meat and made-up dishes and strong wines.

The sufferer himself will find out what food upsets him and he is the best judge of what suits him or otherwise.

Generally a lacto-vegetarian diet, a sour milk diet, a purin-free diet or an ordinary light nourishing diet for the debilitated, or meat and hot water for the gouty may prevent intestinal auto-intoxication and asthma.

Often some food on entering the stomach starts a gastric reflex and brings on an attack. Often mere loading of the stomach precipitates an attack. Hence heavy night meals should be avoided. Apart from quality, quantity of food is therefore important.

Ayurveda here helps to some extent in the selection of food-stuff. If the patient has an exudative (Kapha) diathesis he should avoid fats and sweets and excess of starch and meat is preferable. If he has a bilious (Pitta) diathesis he should avoid Nitrogenous food in excess. A moderate starch and fat are preferred. If he has got an arthritic (Vayu) diathesis he should prefer fats and avoid excess of nitrogenous food. Hence the temperament of the patient should be noted.

The next consideration is the seasons which aggravate the derangement of Dosha in any particular season. Often Asthma is a seasonal disease. The food apporapriate for each season taking into account the individual temperament should enable us to select food.

The third consideration is weight. If the patient is fatty and overweight, a course of fasting and elimination by reducing the weight helps the cure. If thin, the person should be built up to attain proper weight.

If the above considerations are judged, suitable food may be prescribed to prevent intestinal auto-intoxication.

But in those cases where a partlcular food-stuff (not a combination) sets up a gastric reflex, it is difficult to be judged accurately by a madical man and should be left to the patient to find out. All foods which irritate Vayu should be avoided as Asthma is aneurosis (Vayu disease).

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The question of food becomes still more complicated when we remember that several etiological factors may be present in the same case.

Swarabhanga (Husky voice, Laryngites).

Fomentation, Rectal enema, medicated vapours, purgation, medicine held inside the mouth (Kabal), medicated snuffs or nasal applications, venesection from the temple are good procedures.

Barley; Dadhkhani rice,
Soup of meat of duck, wild cock and peacock,
Light wines,
Radish, Raisins, C. myrabolan, garlic,
Dried ginger, Betel, Black pepper, and ghee are good.

To avoid:--

Wood apple, and acid fruits
Water vegetables
Astringents like Black "Jamun"
Bitters
Sleep at day time
Too much talking
Cold water after taking food.

Hicca or Hiccough.

Fomentation, emetics, medicated snuffs and smokes, purgatives, hypnotics are the various procedures useful in different forms of Hiccough.

Light, easily digestible old rice, barley or wheat
Old kulthi kalai (Dalichos unifloris)
Rock Salt
Meat soup of black deer, partridge etc.
Ripe wood apple (Kayat Bæl) and lime
Garlic, Black Tulsi (Holy Basil)
Patole, young radish, Neem
All food and drink which check Vayu-Kapha
Wine, hot water, honey, cow's urine
Pranayam procedures—(Breathing exercise)
Drastic procedures—Sudden pouring of cold water
Suddenly exciting fear, wonder, anger, joy, anxiety and other emotions (Excite Pitta).

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Other procedures :—

Smell of burnt clay suddenly cooled with cold water.
Pouring of water between the two eye-brows.
Pressing above the navel (to excite solar plexus, believed to be the "Pitta"-centre by Ayurvedists).
Counter-irritation over the solar plexus or 2 finger breadth above the feet by means of burnt turmeric.

To avoid :—

Non-attendance of calls of nature
Exposure to dust, draught (of air) and sun's heat
Physical exercise
Incompatible diet
Food causing wind and tympanites
Food, drying or exciting "Vayu"
Food exciting "Kapha"
Sim (Bean)
Pishtak (cake of rice and sweets)
Phaseolus Raxburghi
"Kalka" of Til (Jesamum Indicum) or mustard
Meat of animals grazing in marshes
Sheep's milk
Enema
Fish
Acid articles of diet
Lau (gourd)
Kandha (Dioscora flabra) and other starchy roots like patole etc. growing underground,
Food fried in oil,
Pui Sag (Bacella Rubra)
Heavy and cooling articles of diet and drink.

Hiccough is Vayu-Kapha irritation which may be due to slight indisgestion, drinking of sparkling wines or waters. If persistent, it is due to uræmia or hysteria or due to expansion from some prolonged or serious illness (a deep depression of the Nervous system) and is often dangerous. Often it is reflex due to passage of catheter inside the urethra. Sometimes, it developes in peritonites and is most distressing and osbstinate. It is present in intestinal obstruction or when growths are developing. Sometimes it occurs in cases of cerebral haemorrhage, in myelites affecting the upper

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part of the spinal cord, in rare cases of mediastino-pericardites involving the phrenic Nerve. It also occurs as a result of central Nervous irritation in persons suffering from advanced anaemia in cases of suppurative hepatites (Hare's diagnosis).

Phthisis Pulmonis.

In this disease with excess of cough in a strong man it is desirable to give mild expectorants to relieve the phlegm.

Starches like wheat, rice.

Goat's meat, milk and butter from goat's milk and company of goats are desirable (for goats are the least susceptible of animals to this disease).

Vegetables like plantain flower, sajina, "palta".

Fruits like ripe Jack fruit, ripe mangoe, Embelic myrabolan, dates, phalsa (Grewice Asiatica), cocoanut, inside of seed of unripe palm, Raisins, (fruit sugars, salts and vitamins.)

"Mouri" (anisi) and other carminatives (cardamon, caraway, cinnamon etc.)

Rock salt

Leaf of vasak, flower of Nagkesar

Ghrita of cow's or buffalow's milk

Sugarcandy (misri)

Wine

Camphor, musk, white sandal

Rubbing of oil (fat) over the body

Free air (mridu vayu seban)

Palatable food and drink (Hridayagrahi)

To avoid :—

Delay in attending calls of nature,

Exercise (physical and mental), coetion,

Fomentation, night-keeping,

Drying food and drink (excites Vayu),

Incompatible articles of diet,

Betel, melon, "Kulthi and Mash kalai,"

Young bamboo, assofortida,

Acid, bitter, pungent and astrigent articles of diet,

Vegetable-leaves generally,

Alkaline articles of diet

Articles of diet producing wind in the abdomen

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Beans
Kakrole
Food causing burning
Black variety of "Tulsi"
In the "Kshaya" stage of disease (excessive waste) avoid :—
Brinjal, "karela," mustard oil, "Bael" fruit, mustard, cœtion, sleep at day-time, Emotional excitement like anger.

Note—Phthisis is divided into two main stages :—Raj-Jakshma (Inflammatory stage) and Kshaya (Excessive waste).

HÆMORRHAGE FROM MOUTH.

Whether this is associated with 'Phthisis' or "Rakta-pitta" it is sometimes difficult to distinguish. The one is due to Pitta, the other to Kapha irritation ; hence food and other procedures are diametrically opposite. Further the Pitta or primary conjestive stage of Phthisis can not be distinguished from the stage of Rakta-pitta, so far as hæmorrhage from the mouth is concernd, as to whether it is a hæmoptisis or hæmatemesis.

EUROPEAN PRACTISE.

Premonitary symptoms of tubercular infection.

The pallor of skin and visible mucous membrane with examination of the blood shows that a normal Hæmoglobin report is due to vaso-constriction due to action of a toxin upon the sympathetic Nervous System (Pitta).

Similar toxic origin is attributed to certain digestive disturbances, *e.g.*, loss of appetite or its capricious character, gradual loss of weight when the appetite is sufficient for regular injestion of normal amount of food or dyspepsia in children causing an unsatisfactory gain in weight.

The tired languid appearance and the easily induced fatigue, disturbed sleep, tired feeling on rising or after the least exertion, trophic anomalies of skin, early decay of teeth, dilated pupils, headache and other vague pains suggestive of neuralgia, certain obstinate skin affections like Acne or psoriasis, delay in establishment of adolescence, and various other unexplained symptoms *e.g.*, certain functional disturbances of the heart, unduly rapid pulse, paroxysms of cardial palpitations are all disturbances of vaso-motor disturbances of toxic origin. This is further

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corroborated by the fact that symptomatic and general hygienic measures are not followed by marked improvement.

The toxin may be a split protein product differing according to each particular strain possibly causing different symptoms in each individual cases. The lipoids of T. B. which are highly toxic are available later on with the softening of caseous tubercle (either as lipoids or their toxic split products aggravating the Hectic fever.)

Alcohol is extensively used with benefit later in T. B. infection, not because they are fat-solvents but possibly in the earlier stage of the disease they are often more harmful as they solve the lipoids of T. B. capsules liberating and helping their absorption by the organism before specific protective substances have formed. Later on when these are formed they are extremely useful.

(1) *With regard to quantity of food injested.*

Over-feeding is not always desirable to increase the weight beyond normal limits, for not unoften they may bring an over-increase in weight without improvement in other directions.

Persistent over-feeding taxes the digestive and nutritive apparatus leading to its ultimate failure It is of a gloomy outlook, for intact digestion is one of the chief assets for eventual recovery of the patient.

The quantity of food depends on the weight of the patient. If he is of underweight, it is desirable to give extra calories to enable the patient to gain his weight up to normal or a few pounds above it and the object will be to maintain it. If he is of overweight, overfeeding will injuriously affect the digestive system and general body metabolism.

In this connection Friedenwald and Ruhrah say that the aim should be to cure the patient and not to make of him a flabby, breathless, inert mass. A smaller diet well-digested is much better than over-feeding. Hyper-alimentation is useful in cases of under-weight, but if continued, will lead to gastro-intestinal irritability, vomiting, diarrhœa, foul breath, coated tongue, drowsiness, headache, and objectionable obesity. Destory the patient's digestion, his sheet anchor of recovery is destroyed.

Increase of weight means for the time being that patient is free from toxæmia and gastro intestinal complications ; digestive functions and general metabolism are improved. The gain in weight is proportional to the previous loss.

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(2) *With regard to quality*—concentrated diet frequently repeated is better borne when the patient is suffering from anorexia or disinclination for food. The ingenuity of the physician is taxed to the utmost in such cases.

If the patient is not in good hygienic condition, he should be placed so ; and his appetite often returns. This is one advantage of sanatoria.

Two objects are aimed at in giving concentrated food.

(*a*) To give the necessary calories in an appreciably smaller bulk.

(*b*) To give the diet in a more easily-taken form, for which diminish solid food.

To concentrate the food—

Eliminate all food possessed of little nutritive value.

Avoid bulky food

Select food more nutritive, less bulky.

Patient with anorexia are less tolerant of sweet food.

Give food oft repeated in smaller quantities.

When *anorexia*, conserve the digestive functions and adjust quantity and quality to suit digestive functions.

When digestive organs permit, give solid food, avoid pre-digested and proprietory food. Avoid monotony.

In acute cases—diet should be sparing and there should be absolute rest. In high fever, the digestive function is lowered and generous diet taxes the digestion too much. The product of intestinal intoxication is added to that of the toxins of disease. Give small quantity of less bulky but more nutritious food, repeating it often (every 2 hours).

Diet should confirm to the previous habit of diet of the patient while in health. Race, climate and position in life must be taken in to account. In our country lacto-vegetarian diet is preferred generally.

Personal equation or individual consideration is an important factor in the selection of diet in tuberculosis as in many other diseases. A person out of health becomes more fastidious and capricious with regard to diet.

(*To be continued.*)

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VEGETABLE MATERIA MEDICA

DARUHARIDRA.

(*Berberis Aristata*)

BY

HARENDRA NATH CHATTERJI, M.A., KAVIRATNA.

SANS.—Daruharidra.
BENGALI—Daruharidra.
HINDI—Rasaut, Chitra.
MARHATTI—Daruhalad.
TAMIL AND MAL.—Maramanjal, Kasturi Manjal.
TELUGU—Kasturi-paspu.
CAN.—Doddamaradarsina.
PERSIAN—Darchobe.
ENG.—Tree-turmeric.

HABITAT—The bushes grow over the Nilgiris and all over the temperate Himalayas from Bhutan to Kanawar.

PARTS USED—Daruharidra is a mountain shrub from the roots of which emerge branches which spread out and bend downwards. The outer covering of the tender branches is rough and angular. Old barks are grey outside while the inside is yellow; the wood also is yellow. The shrub is of 7 to 8 feet in height. The leaves are hard, rough with midribs and veins and the edges are thorny. The flowers are rather large and yellow while the fruits are grey containing sour and pungent kernel inside.

For medicine, its roots, barks, fruits, stems and wood are used.

CONSTITUENTS.—The root and wood contain in great abundance a yellow alkaloid barberine or barbenia, Oxyacanthine, fat, resin, tannin, also barbamine and another alkaloid. The fruit contains malic and citric acids and tannin, the berberine a bitter substance-dissalves in acids and tannin. The berberine—a bitter substance dissolves in acids and forms salts of the alkaloid.

ACTION—The bark and the stem are tonic, diaphoretic, stomachic, antiperiodic and a gentle but certain aparient. The

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berries are cooling and acid. The extract (Rusot—to be mentioned later on) used internally, is an anodyne, tonic and febrifuge and used externally, it is antiphlogistic.

PREPARATIONS AND DOSES—Tincure (1 in 10), dose :—1 to 2 drachms; Infusion (1 in 20), dose—1½ to 3 ounces; Extract (1 in 8), dose, 10 to 30 grs. (Rasanjana or Rusot) which is prepared from powdered stem by exhaustion with water, filtration and mixture with cow's milk and final evaporation.

"दार्व्वीक्वाथ समं चीरं दधं पक्वा यथा घनं
तदारसाञ्जनाख्यं तन्नेत्रयोः परमं हितं।"—*Bhabaprakash.*

R/—Decoction of Daruharidra (1 in 8, *i.e.* 8 parts water boiled with the wood reduced to one part) and milk in equal proportion and boil them together until the mixture becomes thick. The new thick preparation is called Rasanjana or Rusot according to Dr. Uday Chand. This Rasanjana or Rusot is good in Eye-diseases.

USES :—The tincture is largely used in remittent as well as intermittent types of fever, malaria, and in the consequent debility, diarrhœa, dyspepsia, ague, during convalescence from fevers and acute diseases and is also useful in periodic neuralgia. As diaphoretic and antipyretic, it is equal to quinine and Warburg's tincture and as diaphoretic, it may replace James's powder. As an anti-periodic, it has got some advantages over quinine or cinchona, as its repeated use does not produce any bad effect on the heart or the organ of hearing. As an alterative, it is used in bilious complaints, torpid liver, dropsy and jaundice. It is very valuable in cases of enlarged spleen and liver. The berries are cooling and acid and are used as refrigerant in febrile diseases, dirrahœa, etc.

The extract (Rusot or Rasanjan) is an anodyne, tonic and febrifuge, when used internally. Mixed with alum, rock salt, chebulic myrabolams and opium, it is applied round the orbit in painful affections of the eye, as in black eye, ophthalmia etc. Mixed with honey, it is applied to ulcers in the mouth and is also used to relieve pain of cancer and neuralgia. In bleeding piles, it is administered in doses of 5 to 15 grains with butter. Its solution (1 in 32 of water) is used as a wash for piles. Its ointment made with camphor and butter is good for pimples and boils. The decoction is prescribed with embellic myrabolam in cases of painful mictruition.

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Some useful Prescriptions :—

(1) R/-

Daruharidra	2 parts.
Opium	2 parts.
Alum	3 parts.
Rock-salt	4 parts.
Ch. myrabolam	2 parts.

Make paste. For application to inflammatory swellings and as collyrium for eyes in conjunctivitis.

For Leucorrhœa and Menorrhagia, Etc.

(2) R/-

Daruharidra	5 parts.
Marking nut (Semecarpus Anacardium)	2 parts.
Cyperus Rotundas	3 parts.
Rusot or Rasanjan	2 parts.
Bael friut	5 parts.
Vashaka	5 parts.

Make a decoction over fire ; when ready, add honey 4 parts. Dose twice daily from ½ to 1 drachm.

(3) *For painful mictruition, acid urine, etc.—*

Daruharidra	5 parts.
Honey	3 parts.
Indian sorrel	4 parts.

Fiat pillulae, 4 grs. each ; to be taken as directed.

(4) *For Diarrhœa, indigestion, Etc.*

R/- Rusot or Rasanjana
Ativisha—
Kurchi—

Each one part and Dhauriphula (Woodfordia Floribunda flower) 3 parts.

Mft. pulv. to be taken in one drachm a dose.

(5) *For helping bowels in piles*

R/-

Rusot	2 grs.
Kernel of Neem seeds	¾ grs.
Raisins	3 grs.

Fiat pillulæ ; one pill daily at bed-time.

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Notes and News.

—:o:—

RE-VACCINATION USELESS AGAINST SMALL-POX.

[Miss L. Loat, Secretary, National Anti-Vaccination League, 25, Denison House, 296, Vauxhall Bridge Road, London, S. W. 1. writing in the *Forward* on 22-3-27 makes the following remark, which throws a very lurid light on the futility of the so-called infallible vaccination theory in small-pox. As practitioners of the indigenous system of medicine, we have not a very great faith in these every-day-changing theories and from failures like these, the champions of scientific system of medicine will gradually come to understand the value of "soil" and not the "seed", as the latter cannot grow on unfertile and uncongenial ground. The signs are already there, I mean the "Bilivaccines," the aim of which is to make the body immune for diseases by administering medicine per mouth—H. N. Chatterjee, J. A.]

At fairly frequent intervals, small-pox rages in Calcutta. The only advice the Health authorities appear to give the people is to get re-vaccinated.

Experience shows that it is not by vaccination or re-vaccination that smallpox is stamped out of a city.

Examination of the conditions in every city in the world in which smallpox has been epidemic has revealed (1) that the disease occurs mainly in the poorest parts where the people are badly nourished or eat the wrong kind of food, and where there is great overcrowding and no adequate system for the disposal of sewage and general refuge, and (2) that the most thoroughly vaccinated and re-vaccinated populations have epidemics of small-pox.

The European countries that have had the worst epidemics of small-pox during the last ten years are Russia, Spain, and Italy. Sanitation as we know it in England is lacking in those three countries. There is also great poverty there and very great ignorance. Italy has a compulsory vaccination and re-vaccination law, and the vast majority of the persons attacked by small pox have been vaccinated. Spain secures the vaccination of the majority of the people by means of lotteries. Russia has a compulsory vaccination law, introduced by the Soviet Government.

The Philippine Islands were formerly cited by pro-vaccinists as a country in which the enforcement of vaccination had stamped out small pox. We were told again and again that there were no anti-vaccinists in those islands and that as a consequence of the American occupation and the introduction of general vaccination, there was no longer any fear of small-pox as a serious disease. In a population of some ten million persons the official reports show that 24,436,889, vaccinations were carried out in the years 1911 to 1920. Yet in 1918-19 there was an appalling smallpox epidemic when the fatality rate in Manila reached the terrible total of 65 per cent. Here again there was terrible poverty and insanitation.

So, too, with Japan. Japan has a stringent vaccination and re-vaccination law, and yet she has had extremely severe epidemics of smallpox. During the years 1917 to 1924 Japan had 19,006 cases of smallpox with 4,389 deaths, while England, a largely unvaccinated

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country, had only 8,271 cases and 110 deaths. While mortality rate of smallpox in Japan in those years averaged 23 per cent., in England it was only 13 per cent.

The history of England tells the same story. All the time she depended on vaccination to stamp ont small-pox she had severe epidemics, culminating in the terrible outbreak of 1370-72 when 44,000 persons perished, but when she started cleaning up her cities, introducing proper drainage and a pure water supply, getting rid of garbage, and (by improving the economic conditions) enabling the people to keep their bodies in a healthier condition by the greater use of fresh vegetables and fruits, small-pox declined, until to-day it is a negligible disease in this country.

The people of Calcutta should not allow themselves to be frightened into being re-vaccinated. The dangers of vaccination are very real. Small-pox scares in certain towns in England have recently resulted in a great deal of vaccination, and so severe have been the results of these vaccinations that official inquiries are being held into them. Sometimes death is caused by vaccination, and ofte there is life long injury resulting from it.

Reviews and Notices of Drugs.

Horlick's Malted Milk.

When speaking about the evils of taking bad milk, Bhaba Prakash says :—

विवर्णं विरसं चास्रं दुर्गन्धं ग्रथितं पयः।
वर्ज्जयेदम्लवणयुक्तं कुष्ठादिक्लेदयेत्॥

Do not take sour, bad-smelling and clotted milk or the milk having a vitiated taste or colour and avoid the milk carefully mixed up with salt as these will bring in leprosy and other allied diseases.

In the present days when degeneration of cows has made it extremely difficult to procure pure milk even in urban areas, not to speak of towns and cities, the result is that infant mortality and various other diseases due to impure milk are increasing every year.

Horlicks malted milk has got a very close afinity to old Indian practice regarding preparation and as it is not touched by hand it can be relied on as free from all sorts of impurity. It is, therefore, safe to use Horlik's milk instead of adulterated impure milk, especially in big cities and towns, as it is an excellent preparation of pure milk, barley and wheat.

Owing to the presence of Starch in it, it may not suit babies before dentition, but after dentition they can live on it and yet remain immune to the various diseases which carry away millions of them every year. Horlik's is suitable for all ages for the same reasons as already stated.

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CORRESPONDENCE

—·o:—

TO THE EDITOR,
THE JOURNAL OF AYURVEDA,
2, Harakumar Tagore Square,
CALCUTTA.

DEAR SIR,

Please publish the following in your much esteemed Journal in the interest of your readers and oblige.

Yours faithfully,
SD. DR. V. A. GUPTE, M.B.B.S.
Government Central Distillary,
Nasik Road, Nasik.

Treatment for Rheumatism

The word Rheumatism as applied at the present times means pains in joints or any other muscular pain not due to acute inflammatory phenomena. There is no specific treatment for these pains in Allopathy. Only whenever joints give rise to pains cooling lotions with addition of Tr. opii is generally prescribed by practitioners.

I have treated three cases of 'Rheumatism' during the last 3 months and my treatment was as follows.

Karela, a bitter nodulated vegetable to be chopped off into small pieces and the outer coverings removed, boiling the inner mass in water for nearly 10 minutes it becomes soft. It is then mixed with a little quantity of sugar to sweeten it and to give it to the patient to eat while it is hot. One fourth seer of the vegetable taken both mornning and evening for ten continuons days relieves the patient of pains, both articular and muscular.

I have got successful results with the above treatment and if any body of your readers will kindly explain the action of the vegetable I shall be much obliged.

[Karela, (*Momordica charantia*) has been described in Ayurveda as having special anti-toxic effect on the blood in cases of acute and chronic infection and has been prescribed for Leprosy, Small pox and even Cholera. It is certainly a purifier of blood by causing eliminations through kidneys, skin and gastro-intestinal tract. Dr. Gupte does not clearly state which variety of the bitter fruit was used by him, the large or the small vairety. In our practice, we have got excellent results by using the juice of the leaves of this plant. We hope our readers will try the effect of the fruit or of its infusion in Rheumatism and report their results. **Editor.**]

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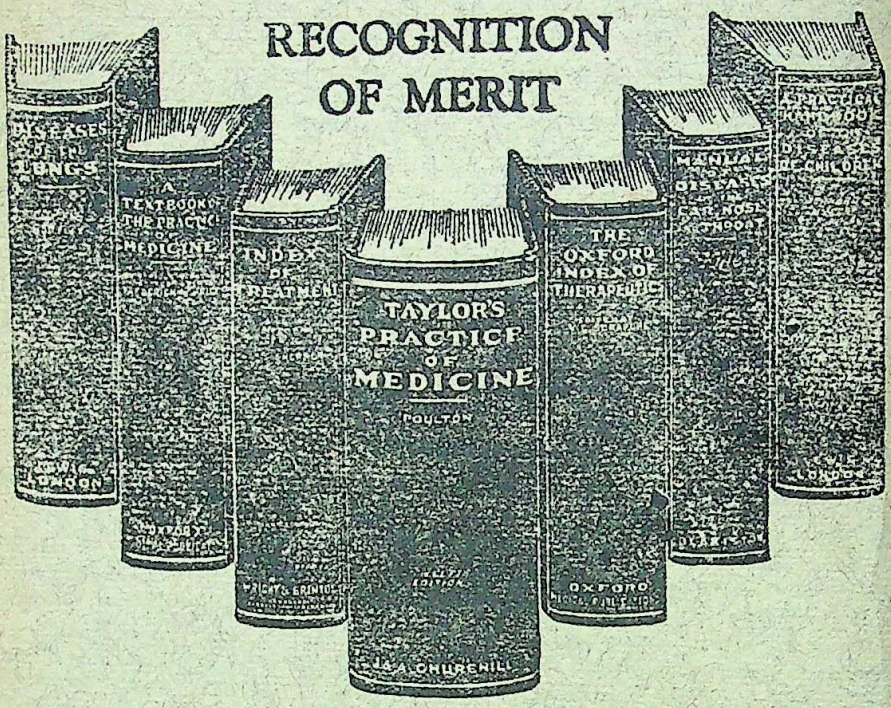

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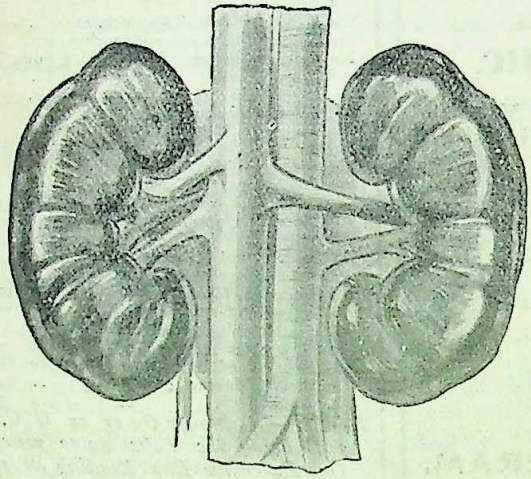

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THE JOURNAL OF AYURVEDA

Vol. III.] April, 1927. [No. 10.

Brotherhood of Physicians.

What can be more regrettable than to see medical men of different systems now in vogue, find fault not only with the particular method adopted to cope with a certain malady as advised in some system other than their own but with the whole system itself, its elementary principles, its foundations, nay its very existence. One sometimes questions the validity of the axioms of a system to which he himself does not belong, as if his is the ideal system, the only scientific and the most perfect one. Not rarely do we see that such dogmatic assertions come from a man who is really or technically well-versed in only one system and not more than one. How can he then assert the superiority of one over another, which another he has seldom gone through except to find out its so-called defects, drawbacks or shortcomings. Has not his own system got any such defects or draw-backs? If he is truthful he will surely admit it as we all know that all sciences are more or less imperfect and that a really sincere physician is he who always thinks of his own failures, the shortcomings of his own system and is always ready to know and to adopt a better remedy than what he knows himself from any other system on earth. To him who seeks for the truth there is no personage from whom he cannot get something; no nataionality whose store of knowledge does not lend him something, no system of which the methods do not make him the wiser.

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When a man, a physician, and a seeker of truth applies himself to finding out a suitable remedy for a certain disease, whom does he first approach to gather materials for such a research? He goes to the locality first where such a malady rages; to the people themselves who are the victims; to the peasants, to the day-labourers, to the barbarous hill tribes, even to the nude aborigines. However uncivilised they may be, we see that they give us at least a clue as to which way we shall direct ourselves for a successful research. Their physicians, illiterate quacks though they are, will give us some such hints, without which we would have to grope in utter darkness for years together. To these people we are considerably indebted—nay not less indebted than to the most advanced and scientific worker of the last generation who fell short just by one step and gave up the work in despair. Sometimes a valuable hint is supplied by such an illiterate brother when hundreds of learned workers have failed and that most miserably by going astray. When such is our state and when all systems, however modernised, fall far short of what can be termed perfection, (if that epithet is at all applicable to science) does it not befit us that we as seekers of truth should at once give up quarreling and finding fault with one another and apply ourselves whole-heartedly in learning as much as we can from the sister-systems? India can boast of at least four principal systems now flourishing side by side on her soil, Allopathy, Homeopathy, Ayurvedic and Unani. This unique position can seldom be claimed by any other country. We medical men in India should by every means make the best use of this advantageous position. Study one another's science not with a view to stick upon its sores, to publish its drawbacks and shortcomings, to cry it down and thereby to try to lower it to the public eye, but with a view to gather as much information as possible,

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to collect from amongst them the really useful ones and to try to utilise them.

That should be the view point of every real seeker of truth. Science affords room for no prejudice and no untouchability. Catch upon every bit of knowledge from watever source it might come. Give up that abominable habit of crying one another down and looking upon a fellow brother of the same art of treating as an enemy. Have we not got more formidable enemies to combat with, enemies that baffle us at every step, enemies to our common causes? Should we be thus merrily engaged in quarreling amongst ourselves when Cancer, Leprosy, Tuberculosis, and a hoard of other maladies are staring at our very faces and laughing at us a laugh of taunt and defiance? Should we not throw aside these petty differences and combine amongst ourselves and make a common cause of our art and declare a crusade against those fell diseases which are not ouly our enemies but the natural and deadly enemies of mankind in general? Let each one of us be a true member of our brotherhood and let him help as much as lies in his power in finding out ways and means to defeat those plagues of our race. Let each medical man take stock of his success and failures and thereby determine what he can do and what he cannot by the system he professes. Then it behoves him to announce in public that in such and such points his system fails. It will not jeopardise his system in the least, but on the other hand, it will do immense service to it by producing in its votaries a sincere attempt to do away with such a want. It is in this way that our wants are removed. When we have a want, we must be cognisant of it, we must feel it and we must hanker after its fulfilment. At this stage does a sister-system come to our rescue. By studying it, by searching it through and through, and by holding discourses with its authorities we might get at a thing which proves a marvel. Might be that this sister system though

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possessing that useful remedy will prove to be much behind your system in many other respects. When its turn comes it will approach your doors for relief.

If we go on in this way with an open heart ever ready to accept a useful thing from any other system on earth as also to stretch out a helping hand, a time will soon come when we shall see that there is one and only one universal system of medicine that has incorporated in itself all that is good in the different systems, which though apparently divergent from one another, are really not so as all of them have to deal with the same enemies, the materials with which they are to face these enemies are the same, and the goal they intend to reach is the same, namely relieving suffering humanity from the ravages of all those enemies.

S. N. S.

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Original Articles.

STUDIES IN AYURVEDIC MEDICINES.

PART I.

BY

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IRON PYRITES.

The art of healing and medicine flourished in India from the remotest antiquity, though here in India as elsewhere till the end of the middle ages the efficacy of the drug alone was not considered sufficient unless backed by the kindly interposition of the dieties. We can trace the earliest literary record of Indian medicine in Rigveda. A greater development is to be seen in Atharvaveda where we come across the symptoms and treatment of a number of diseases. We find in the Vedic age that this healing art was acquired and practised by particular members of the patriarchal families. It must be admitted, however, that in those times the Hindu system of medicine was seldom free from the influence of magic and superstition and was, therefore, more or less a mixed system. Later on during the time when Ayurvedic system flourished, it was that the Hindu system of medicine was more or less methodised and put on something like rational basis with a scientific terminology and the two famous works of the time (about 300 B. C.) Charaka and Susruta are responsible for this. It is indeed a marvellous thing to find these books holding their own, even upto our own times, in spite of the fact that nearly 2000 years have elapsed since they were written. The Susruta, says Sir P. C. Ray. is par excellence a treatise on surgery as the Charaka is on medicine proper.

The knowledge of Chemistry possessed by Hindus in those remote times was far in advance of what was obtainable elsewhere.

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This is evidenced from the fact that different metals such as copper, iron, gold, silver and mercury are mentioned in Charak as curative agents and also among other things the Alkalies. This knowledge is found to be still further advanced in the later time of Susruta, where we find mentioned not only the metals stated above but also tin and lead as well. Besides we find alkalies mild and caustic, neutralisation of alkali, roasting of iron and iron pyrites and also crude methods of preparing metallic salts. We do not find any materia-medica or chemical terminology as such, in Charak and Susruta though we find a few prescriptions which contain metallic preparations of gold, iron, silver, copper etc., the chief treatment of both Charak and Susruta being herbal.

The authority which is held in highest respect throughout India and which ranks next in importance to Charak and Susruta is Vagbhatta who lived in the fifth or the sixth century A. D. He is the author of two works "Ashtanga Samgraha and Ashtanga Hridaya" and his work is looked upon as revelation. Mineral and natural salts also figure in his prescriptions along with vegetable drugs. The metallic preparations which are mentioned in Vagbhatta would presuppose an advanced knowledge of chemical processes.

The materia-medica and chemical terminology, defective as it appears to be from the literature available at present, came, however later on, about the 12th or 13th century and we find this in Rasaratna Samuchyaya, which gives regularly medical chemistry and prescribes thousands of curative prescriptions. "Rasaratna Samuchyaya", says, Sir P. C. Ray, is a systematic and comprehensive treatise on materia-medica, pharmacy and medicine. Its mothodical and scientific arrangement of the subject matter would do credit to any modern work and altogether it should be pronounced a production unique of its kind in Sanskrit literature. Its value is further enhanced from the fact that the materia-medica portion is harmoniously blended with chemistry.

The knowledge of practical chemistry and of medicine possessed in India was thus quite in advance of that obtainable elsewhere in the outside world and the progress made so far in this branch was marvellous; but this could not continue for long and the decline of Ayurveda in medicine and chemistry set in, the old literature perishing very fast and new one not appearing. This, of course, was inevitable when one notes the vicissitudes and horrors through which India had to pass during nearly 1000 years. The depredation,

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plunder, pillage and bloody warfare carried on in India by the Mohammedans naturally led to depression of spirit and retardation of progress. An age of peace and security was succeeded by a long period of distress and insecurity and facilities of unhampered work being few, there was a dearth of new and original workers to carry on the development and old works were often lost in the prevailing vandalism.

Very few of the written manuscripts could have survived such a rude shock. In feet the real wonder is how even this much has survived. Thanks to Providence, part of the ancient greatness of India still remains and leaves us room to build the future on. Hindu medicine still holds its own and is the chief system in vogue in villages and is also used by the bulk of the Hindu population. It is cheap and being indigenous is more suited to Indian needs and Indian climate. Wonderful are the curative effects of some of the drugs and it would be a pity if such a system of medicine were allowed to rot and die.

It must be admitted, however, that the system as it exists lacks scientific treatment and modern research must supply the same. Now that we are in peaceful times, it is the duty of all lovers of this ancient Ayurvedic system of medicine to turn their attention to it and by well directed research to give it the scientific form with a view to preserve all that is good and useful in it and to try to collect as much of the scattered and unpublished literature as possible.

It is no doubt a matter of genuine satisfaction to find that an attempt is being made in this direction with a view to apply the modern method of science to unravel some of the mystries of Ayurveda. Unless, however, sufficient time and money is devoted to this work not much can be expected from these sporadic attempts. A few learned Vaidyas and Doctors trained in the modern method of science have taken up work in different branches of Ayurveda and the results are promising. Mahamahopadhyaya Kaviraj Gananath Sen of Calcutta has taken up work in Anatomy and Pathology, and Vaidya Yadavji Tricumji Acharyya of Bombay, editor of the Ayurvedic Granthmala, has rendered yeoman's service by publishing about 18 works of ancient Ayurvedic literature. Dr. Lakshmipati B. Sc., M.B C.M. of Madras has started a big pharmacy to prepare the Shastric medicines by making use of modern appliances and machines, and similar attempt is also made in Bombay by Zandoo

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Pharmaceutical Works. We find however, that nobody has taken up the work of doing research in metallic preparations of Rasa Shastra and also vegetable drugs. We propose to take up this work in the Benares Hindu University and to examine the raw materials actually used, the methods of preparation followed in modern times in preparing the Rasayans and the other Shastric medicines and finally to examine the purity or otherwise of the finished products (medicines) used in various parts of India. This work has been undertaken with a view to suggest, if possible, some principles and properties for the selection of raw materials required and to find out ways and means of standardising the finished final product —the medicine proper.

From investigations carried on so far we find that in modern times Vaidays and Kavirajas in India chiefly depend for their metallic and vegetable preparations on Rasendra Sara Sangraha, Bhaishijya Ratnavali, etc. For the minerals and the other substances required for the preparation of the medicines, they entirely depend upon Pansaries who sell vegetable and mineral drugs, which many times are not genuine. Neither the Pansaries, nor the Vaidyas have any definite means of knowing whether the product that is sold and purchased is genuine or not. This naturally leads to substitution of synthetic products where naturally minerals are indicated and of adulterated vegetable drugs where pure ones are required. The Vaidyas have not the means to find out the genuineness of the articles purchased and the finished medical preparation does not, therefore, give the desired result, although in the preparation of the drug all instructions as given in standard books are faithfully followed. This difficulty has been brought to the notice of the All-India Ayurvedic Sammelan, year after year, by several learned Vaidayas, but on account of lack of funds and of workers, no work has been done in this direction which will enable the Vaidya to find out for himself whether the drug or mineral is really genuine. The want of uniform nomenclature are again the main obstacles in the way of the solution of this problem. Our attempt is to try our best to see if we can solve in some way the above problem. We have, therefore, at present undertaken the study of the more important minerals and metallic preparations obtained therefrom and the minerals which we have takeu up first for study are Iron Pyrites and Chalco Pyrites, (Raupyamakshik and Swarnamakshik). The result of our investigation is given below.

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PYRITES, माक्षिक (MAKSHIK)

and

माक्षिक भस्म (MAKSHIK BHASMA).

For our purposes we may classify the Pyrites in three important classes (1) Iron Pyrites रौप्यमाक्षिक (Roupya Makshik) (2) Chalco Pyrites (Iron Copper Pyrites), स्वर्णमाक्षिक (Swarna Makshik) and (3) Mispickel or Arsenical Pyrites. कांस्यमाक्षिक (Kansa Makshik).

विभागस्त्रिविधः प्रोक्तो हेमाद्यस्तारपूर्वक : ।

तृतीयः कांस्यविभागस्तत्कान्त्याच ज्ञस्थने (१) [रसरत्न समुच्चय]

There are three kinds of Pyrites :—(1) Iron Pyrites, (2) Chalco Pyrites and (3) Arsenical Pyrites, and they are recognised by their lustre (Rasa-Ratna Samuchyaya).

The above three are distinct minerals ; the first when pure contains only iron and sulphur, and other things in traces ; the second contains nearly equal quantities of iron, copper and sulphur, and the third contains chiefly iron, sulphur and arsenic. In as much as all the three are used in Ayurvedic preparations as mentioned in Rasaratna Samuchyaya it is desirable to know their chief characteristics by which they could be recognised.

There is no doubt that much confusion exists in the minds of Vaidyas regarding the first two minerals ; and रौप्य माक्षिक and स्वर्ण माक्षिक are used by them indiscriminately one for the other not using any means to identify them excepting perhaps the colour which is generally misleading.

We have obtained from various well-known Ayurvedic Pharmacies in U. P., Bombay, Gujrat, and the Punjab, samples of (Swarna Makshik) and although they were sent to us as such, on examination of a number of them we found that they were (Roupya Makshik) Iron Pyrites. It is clear, therefore, that at many places रौप्यमाक्षिक (Roupya Makshik) is being used where Swarna Makshik is required and consequently the drug obtained from the various Vaidyas and Aushadhalyas as स्वर्णमाक्षिक भस्म (Swarna Makshik Bhasma) is really not स्वर्णमाक्षिक भस्म (Swarna Makshik Bhasma) but रौप्यमाक्षिक-भस्म (Roupya Mukshik Bhasma) This is fully borne out by the analytical results given later on.

We have obtained from very reliable sources the purest samples of Iron Pyrites रौप्यमाक्षिक (Roupya Makshik) and Chalco pyrites स्वर्ण माक्षिक (Swarna Makshik) and we have examined them thoroughly. The characteristics of the mineral as well as qualitative

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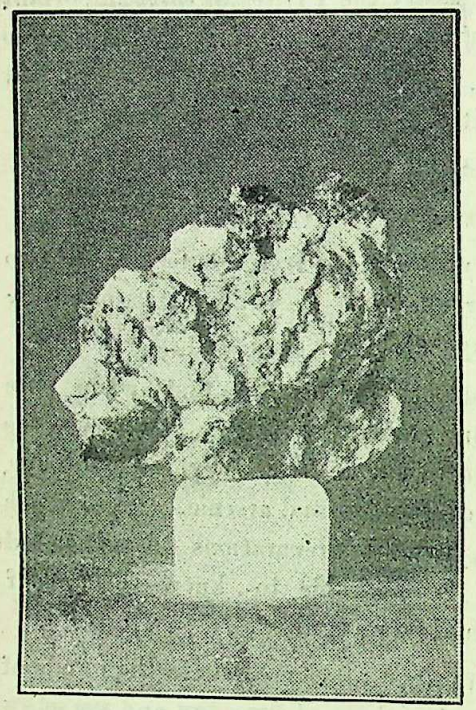
and quantitative analysis given below may, therefore, be taken as standard for the pure mineral. *Iron Pyrites. A.*

Photograph of the Roupya Makshik, mineral (pure) iron pyrites.



Size of the specimen $2\frac{1}{2}'' \times 2''$ app.

Crystal face. Cubical, sharp rt angles well-developed on the outer free surface Massive crystalline in the interior. Crystals penetrate into one another with parallel growth giving step like appearance.

Surface. Brass yellow with occasional tranish to green and copper red tinge *specific gravity—4·998.*

It is found to contain iron, sulphur, very small quantity of silica and traces of moisture. Copper, arsenic, nickel, cobalt and thalium were tested for, but were found to be absent.

Quantitative analysis gave the following results :—

Iron ...	...	46·43 per cent,
Sulphur	...	52·82 ,,
Silica ...	...	0·72 ,,
Moisture ..	...	traces
Total	...	99·99

The above analysis clearly shows that the sample is very pure iron pyrites रौप्य माक्षिक (Roupya Makshik) without any other admixed mineral.

Chalco Pyrites स्वर्णमाक्षिक (Swarna Makshik).

The sample of chalco pyrites on examination gave the following results :—

Size of the specimen $2\frac{1}{2}'' \times 1\frac{3}{4}''$.

Form—Massive, crystalline but no *crystal* faces.

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Surface—iridescent in places on account of tarnish.

Colour—Gold Yellow, *tarnish in brilliant colours. Specific gravity—4·12.*

It is found to contain Fe, Cu, S and silica and moisture. Gold, Selenium, Silver were tested for, but found to be absent.

Quantitative analysis gave the following result :

Iron	32·083	per cent.
Sulphur ...	31·23	,,
Copper	26·54	,,
Silica	4·94	,,
Moisture ...	1 21	,,
Oxygen (by difference)	3·997	,,
Total ...	100·000	

The result of the above analysis shows that the mineral is not absolutely pure and contains small quantity of hydrated iron oxide (gothite) which is also seen on one side on examining carefully the sample of the mineral.

The characteristic tests by which the above two minerals could be recognised are :—

The *specific gravity* which should be between 4·8 and 5·1 in the case of iron pyrites (Roupya Makshik) and 4·1 and 4·3 in the case of chalco pyrites (Swarna Makshik).

(2) *The colour and the crystalline structure.*

The iron pyrites shows faint brass yellow colour with cubical crystal structure where as the chalco pyrites has gold yellow colour and *tarnish in brilliant colours* with *no* charactertistic *cryslalline* structure.

(3) *The flame colour :*—A piece of chalco pyrites, if moistened with strong HCI and introduced into the flame of the spirit lamp, gives distinct blue and green colour to the flame. In case of iron pyrites no such colour is observed.

(4) When iron pyrites mineral is struck violently with steel, *Sparks are produced*, while in the case of chalco pyrites no such sparks are produced.

(5) Iron pyrites is harder than chalco pyrites, the latter can be cut by a knife.

(6) On powdering, chalco pyrites gives greenish powder while iron pyrites gives a black one.

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PREPARATION OF ROUPYA MAKSHIK BHASMA

The pure iron pyrites was then used to prepare the Bhasma. The method used being as follows :—

First the iron pyrites was purified and then Bhasma was prepared from the purified sample by the following methods :—

(1) Purification method :—तप्तं चिप्तं वराक्वाथे शुद्धमायाति माक्षिकम् ॥

(Rasaratna Samuchyaya).

"Iron pyrites—to be heated to red hot and then quenched into the decoction of Triphala (त्रिफला).

Final Preparation :—

एरंड स्नेह गव्याज्यैर्मातुलुङ्गरसेन वा।
खर्परस्थं दृढं पक्वं जायते धातुसन्निभम् ॥

(Rasaratna Samuchyaya).

The purified Makshik is roasted over iron pan with castor oil or cow's ghee, or बिजोरानीबूका रस *i.e.*, juice of Bijora lemon on a strong fire until it becomes red in colour like hematite.

एवं मृतं रसे योज्यं।
रसायनविधावपि ॥

(Rasaratna Samuchyaya).

When it is prepared by the above said method it can be used in medicinal preparations and as alterative medicinal tonic.

The purified sample was analysed quantitatively for iron, sulphur, insoluble matter, moisture and organic matter.

Result of the quantitative analysis of the purified sample of iron pyrites A :—

Iron ...	...	59·08	per cent,
Sulphur ...	...	28 03	,,
Silica ...	...	1·55	,,
Moisture	...	1·50	,,
Organic matter & Oxygen (by diff.)	...	9·84	,,
Total	...	100·00	

The purified substance was roasted with cow's ghee three times according to the intructions given in the Text,

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A quantitative analysis of the final medicine gave the following result, no sulphur was present :—

Fe_2O_3 (Ferric oxide)		96·28 per cent,
Silica ...	...	0 77 ,,
Moisture	...	0 59 ,,
Organic matter (by difi.)		2·39 ,,
Total ...		100·00

The two results given above show that in the 1st or purification process, only a part of the sulphur is removed while in the 2nd process, the whole of the sulphur is expelled leaving behind practically Fe_2O_3 (ferric oxide) and only a small percent of silica and organic matter.

The colour of the Bhasma is *Brownish-red* (जायतेधातुसन्निभम्) and it contains 96·28 per cent of Fe_2O_3.

In order to compare this Bhasma prepared from pure iron pyrites (Roupya Makshik with others obtainable elsewhere samples of (Roupya Makshik Bhasma) were obtained from :—

(1) Ayurvedic Aushadhalaya, B. H. U.
(2) Yadavji Tricumji Acharyya's Pharmacy, Bombay.
(3) Baba Kali Kamli Vale Aushadhalaya and Vidyalaya, Rishikesh.
(4) A well known Kaviraj of Benares.

The results of the analysis are tabulated below :—

Serial No.	Sample of Roupya Makshik Bhasma obtained form :—	Colour,	FE_2O_3 (ferric) (oxide) p. c.	Silica p. c.	Organic mattter p. c.	Sulphur p. c.	Moisture p. c.	Nacl. p. c.
C	Prepared from pure pyrites in the University	Brownish red	96·28	0·77	2·36	...	0·50	...
D	Ayurvedic Aushadhalaya B H. U	Ditto	82·00	13·14	3·72	...	1 14	...
E	Baba Kali Kamli Vale Aushadhalaya Rishikesh	Dark brownish red	61·52	24·46	6·586	6·02	1·414	...
F	Bombay, Yadavji Tricumji Acharyya	Deep Brownish red	81·7	6 9	4·243	5·54	1·617	...
G	A well-known Kaviraj of Benares	More reddish	68·21	2·642	9·096	...	0 252	19·8

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Discussion Of the Result.

(1) Numbers E, F and G are evidently Roupya Makshik Bhasma because they do not show any presence of copper. These Bhasmas, however, were sent to us by the various pharmacies and Kaviraj's as स्वर्ण माक्षिक मस्म (Swarna Makshik Bhasma). This shows as has been pointed out before that there is confusion in the use of two minerals, one being used for the other. Samples of Swarna Makshik Bhasma from Lahore and Zhandoo Pharmacy, Bombay, also showed no presence of copper.

(2) It is seen that samples numbers E and F still contain sulphur 6·02 and 5·54% respectively, whereas the finished product should contain ferric oxide and no sulphur. It appears that temperature used in the final process of the preparation was not sufficiently high to burn away the whole of sulphur.

(3) The ferric oxide present in the standard Bhasma prepared by us from pure sample of iron pyrites A is 96·28 per cent, whereas the other Bhasmas show less and less of that substance e. g , sample from Rishikesh contains only 61·52 per cent of Fe_2O_3 (ferric oxide).

(4) In lieu of this, Fe_2O_3 (the medicine proper) we find present in these samples large quantities of silica and organic matter. The standard Bhasma contains only 0·7 per cent of silica whereas the one from Rishikesh contains so much as 24 46 per cent of the same. This evidently means that the mineral used was not pure and contained lot of silica.

(5) The sample from Benares contains as much as 19·8 per cent. common salt, the p. c. of Fe_2O_3 correspondingly less. Evidently in the preparation some other process was used than the one mentioned above.

In conclusion we would suggest that in order to get the best possible Roupya Makshik Bhasma the following precautions should be observed :—

(1) The mineral selected should be as pure as possible and suitable test should therefore be applied to find out the genuineness of the mineral.

(2) The temperature used should be sufficiently high so as to drive away the whole of sulphur.

(3) The finished product should contain very little of matter other than ferric oxide.

(4) The colour should become brownish red—(जायते धातुसन्निभम्).

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.,—(Hazaribagh).

(*Continued from our last issue.*)

Excess of energy producing food is harmful—Patients readily take excess of fat, but this is not always desirable though they are great protein sparms.

Ovit's standard diet in health—

Protein 4 oz., Fat 2 oz., Starch 16 oz.

In Tuberculosis, Protein 4½ oz., Fat 5 oz., Starch 10 oz.

The consumptive no doubt need a more generous diet but should this *increase* be in protein, fat or carbohydrate ?

Opinions differ, for, most experienced clinicians prefer an increase of protein sparer *e.g.* fat. On the other hand Bradswell and Chapman have decided that the morbid process clears up better and general health improves more rapidly in diets richer in protein (Ayurvedic idea is similar). They however recommend no meat but protein as milk, pulse, oatmeal with a little extract of meat (to increase palatibility), the latter producing no harm. Protein exerts a stimulating effect on general metabolism and tends to improve general nutrition, hence the benefit of increased protein intake.

Increased quantity of protein may result in Indicameria (surest sign of intestinal indigestion) or an increased excretion of nitrogen, a diminution of nitrogen excreted as urea, (showing excess of less-oxidized form increasingly eliminated), diminution of nitrogen absorbed, an increase in amount of excretion of aromatic sulphates (indicating intestinal putrifaction).

FAT

It is less bulky than starch and is readily taken. It is useful when fever is high or weight is below normal. Consumptives readily absorb fat in a general way.

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CARBOHYDRATES

These should be reduced as excess of starch and fat causes over-weight with its attending evils.

GENERAL PRINCIPLES

Amount of protein increased up to 30 per cent.

Or, if of underweight—fat and starch increased up to 30 per cent ; or both together until weight is normal and stationary or 7 to 14lbs. above normal.

Concentrated food oft-repeated in special cases with impairment of nutrition.

Food well-cooked, varied dishes—no proprietory food unless ordinary food is undigested.

MILK

Some authorities recommend an exclusively milk diet.

Objections

(1) Idiosyncrasy.

(2) Not essential when solid food is borne

It is admirable in certain cases and in certain stages of the disease it is indispensable.

Milk is variously modified with advantage :—

with lime water—in hyperacidity ;

with vichy water—often well-tolerated ;

as butter milk—more palatable and easily digested with caffee, tea, brandy etc., as advised by Strumpell.

often a glass of milk, or an egg at night when the patient awakes prevents at times subnormal temperature.

Skimmed milk

Oatmeal porridge

Milk puddings

Milk flavoured to disguise taste and smell which often overcomes an apparent idiosyncrasy of nervous origin.

Addition of Iodicitras aids digestibility.

Exclusive milk diet in high fever where a heavy protein diet is out of the question.

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(Goat's milk is particularly recommended in Ayurved)—Ass's milk is supposed to be good also as also human milk.

Meat

There is a breakdown of the Nitrogenous tissue as a result of bacterial toxin ; meat is therefore one of the important constituents of diet in Tuberculosis, specially in temperate climate where meat is daily taken in health.

Some people consider that raw meat is better, for sandwitches containing raw meat scrapings is more easily digested and besides contains vitamines. Raw meat juice is also good.

The French consider raw meat not only of nutritive but also of curative value in T. B.

Raw meat is particularly useful in cases with dyspepsia. There is risk of introduction of parasites (minimised if fresh goat's milk is taken). So great an importance is given to meat in Ayurved, that carnivorous animals' meat is often advocated.

Codliver Oil

Patients who are well-fed and who digest an adequate quantity need not take codliver oil at all. As a matter of fact, the oil in its unsophisticated form is going out of fashion, though it is very rich in vitamines. But malt codliver is increasing in popularity. It has a beneficial value apart from its fat due to vitamine.

It should never be given in warm weather or when high pyrexia is present. It should be avoided if there is gastric catarrh, gastric irritability with nausea or if there is diarrhœa.

Persons with phlegmetic temperaments, with dark shallow complexion derive much benefit, as also children who bear it better than adults and in chronic forms without fever but with marked debility and emaciation.

The fat may be supplied in its place as butter cream, fatty meat etc., and when well-tolerated, they are very good. (Jako-malt-powder codliver and malt is palatable having an excellent flavour without the smell or taste of codliver at all.)

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ALCOHOL.

At present it is not so widely or so largely employed as was formerly the case.

Alcohol is a stimulant, promotes absorption of fat, affords heat and energy by replacing fat and carbohydrate, but it does not spare tissues or prevent wasting of muscles. It is useful as appetizer. Injudicious use in health so lowers tissue resistance as to increase susceptibility to the disease.

In moderate doses it saves certain tissues, stimulates disgestion, improves appetite, and diminishes night sweats. It is never a necessity except at the very last stage of the disease.

According to Loomis, if the exhibition of Alcohol increases temperature and pulse, it is contra-indicated.

Those who are accustomed to take it in health may use it in small quantities.

INDIVIDUAL QUESTION OF FOOD.

Diets should conform to the habit of eating in health which naturally varies with race, climate, season, and work.

It depends on state of individual's digestion.

There should be variety of dishes, avoiding monotony.

Fruits and vegetables are important sources of salts and vitamines.

Milk cream and butter are of high caloric value.

Eggs are nutritive concentrated food.

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THE PULSE, IN VAYU, PITTA AND KAPHA DERANGEMENTS

BY

DR. EKENDRANATH GHOSH, M. Sc., M. D.

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—:o:—

We have already considered the pulse characteristics in Vayu, Pitta and Kapha conditions. We already know that a normal pulse can show, in addition to its own characteristics in general, those which are ascribed to Vayu, Pitta conditions and which are spoken of as normal variations. In such a case we speak of these principles, thus revealed in the pulse, as *dhatus* or normal bodily conditions. But the same functions may be so altered that they cannot be kept within the limits of normal condition and we designate such conditions as *doshas* or derangements of these principles. These Doshas are indicated in the pulse and we shall consider them presently. The derangments are found singly and in various combinations.

I. Single derangements : The single derangements are practically shown in the pulse by the same characteristics as we find in normal conditions except that these are present in a more intense form and occur at other times than they are seen in normal variations. There is no hard and fast line between the normal and abnormal Vayu, Pitta and Kapha conditions. The progressions of animals have been compared with the pulse conditions in Vayu, Pitta and Kapha which are often spoken of as deranged (when *Kupita*). We quote some passages which particularly point to such derangements. On the whole, the pulse characteristics already considered are equally applicable here with an increased intensity.

(1) समासूक्ष्मा स्थिरा मन्दा नाडी सहजवागजा ।
स्थूलाच कठिना शीघ्रा स्पन्दते तीव्र मारुते ॥
चपला तरला दीर्घा पित्ते शीघ्रा दृढ़ा भवेत् ।
नाडीतन्तु समा मन्दा शीतला श्लेष्म मोयजा ॥

II. 4. ; II. 18 ; II. 26 ; II. 36 ; [2]सौम्या,
.....वातजा II. 20.

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(2) ऋजुवातकोपेनप्रकोपतः ।
सरलाश्लैष्मकोपेन नाडी दोषैः पृथक् स्मृता ।
कफेहीनेऽधिकं वातगतिंवहति नाडिका ।
हीनेवाते कफेचाति खल्पे चिरात् स्फुटा ॥ II. 20.

In normal condition of *Vayu*, the pulse becomes of comparatively low tension (normal tension), small (that is, of small volume) slow (as regards the individual beats) and of low rate (this indicates the normal comparatively slow rate). In aggravasion of Vayu function, the pulse becomes full (that is, of large volume), hard (of high tension) and quick (that is, of high rate (1). In derangment of Vayu, the pulse becomes unstraight (that is curved, of high tension) (2). When the Kapha function is absent (or low) the Vayu function becomes strong (2).

In Pitta (derangement) the pulse becomes quick (as regards the individual beats), jerky, long (that is with a very high ascent), of high rate and full (1). In Pitta aggravation, the pulse becomes strongly jerky (2). The pitta becomes marked when the Vayu function is slight, (2).

In Kapha derangment the pulse becomes threadlike (small), slow and of low tension (1). In Kapha aggravation the pulse becomes straightened out (that is, of very low ascent and with a consequent lessening of the curvature of the pulse wave) (2). The Kapha function becomes intense when the Vayu is low (2).

Now, we have got corresponding pulse conditions according to the Modern European system. The pulse in Vayu aggravation is comparable to *Pulsus tardus* thus described in Dacosta's Physical Diagnosis, p. 328; "A tardy pulse (*Pulsus tardus*) rises and falls slowly and is well-sustained, independently of the frequency of its beats. The impact of this pulse, which is to be expected when the arterial tension is high, conveys to the palpative finger the sensation of a slowly rising wave of rather prolonged duration and deliberate fall, which peculiarities are traced by the sphygmograph as a curve of moderate amplitude, oblique upstroke, rounded apex, and gently declining downstroke, marked by feeble secondary oscillations,

The Pitta aggravation probably corresponds to Pulsus Magnus thus described in Dacosta's Physical Diognosis, p. 328. "Increase of the pulse volumes (*Pulsus Magnus*) commonly attends conditions provocative of subnormal arterial tension*, and is recognized by the

* This means a slight Vayu function.

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palpating finger as an unnatural expansion of the vessel at the time of the pulse beat...The full bounding pulse of fevers..typify the pulsus magnus."

The Kapha aggravation has probably its correspondence with the *decurtate* or *mouse tail* pulse (a pulse whose volume and force gradually taper off).

(ii) Double derangements. The pulse characteristics in double derangements have been primarily described under two headings: (a) Pulse characteristics in double derangement in general, (b) Pulse characteristics in different forms of double derangements – (i) *Vayu* and *Pitta*, (ii) *Vayu* and *Kapha*, (iii) *Pitta* and *Kapha*.

(a) Pulse characteristics in double derangement in general.

(1) कदाचिन्मन्दगमना कदाचिद्वेगवाहिनी ।
द्विदोषकोपतो ज्ञेयाहन्ति च स्थानविच्युता । I. 1 ; M. 44 ;

(2) द्विन्द मिश्रा II. 1.

(3) द्वन्द्वजा द्वन्द्वलिङ्गा II. 37. ; II. 25 ;

(4) मन्दाकाले कदाचित् क्वचन झटितिगा द्वन्द्वकोपे
II. 8 ; II. 20 (c) ;

(5) मिश्रा मिश्रेतुलक्षणैः । II. 20.

(6) कदाचिन्मन्दगमना कदाचिद्वेगवाहिनी ।
दोषद्वयोद्भवो रोगो विज्ञेयः सभिषग्वरैः । II. 20 (a) ; II. 36 ;

(7) मिश्रिते मिश्रता भवेत् II. 41 ; II. 4 (b) ; II. 38.

(8) मिश्रितां द्वन्द्वजां विद्यात् II. 4. (a)

(9) मिश्रिता मिश्रलक्षणा, II. 18 ;

(10) मिश्रजा द्वन्द्वजा भवेत्, I. 4,

(11) द्वन्द्वजे द्वन्द्वनाडिका, II 46,

(i) In a double derangement, the pulse shows a mixture of the characteristics of two functions (2-3,5,7-11).

(ii) The pulse is slow at one time and quick (beats with celerity) at another time. (This is to be taken irrespective of the normal daily variations and perhaps the slowness and repidity in the movement of the pulse-wave must be considered to occur beyond the normal limits. Sometimes the passage is referred to in connection with triple derangement, where it seems to be more reasonably applicable, considering that this means an irregularity of the pulse, it being slow for some time and rapid for another period without any regular sequence) (1-6).

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(iii) If the pulse beats with celerity at the time when it ought to beat with slowness (4).

(b) Pulse characteristics in different forms of double derangements.

(1) तर्जनीमध्यमामध्ये वातपित्ताधिके स्फुटा ।
अनामिकायां तर्जन्यां व्याक्रा वातकफे भवेत् ॥
मध्यमानामिकाभ्ये स्फुटा पित्तकफेऽधिके
I. 2 ; II. 8 ; II. 20 (a) ; II 41 ;

(2) वक्रमुत्प्लुत्य चलति धमनी वातपित्तत: ।
"वक्रद्विक्रच्च मन्दच्च वातश्लेष्माधिकत्वत: ॥
उत्प्लुत्य मन्दं चलति नाडी पित्तकफेऽधिके ॥
I. 2 ; "—" II. 41 ;

(3) वक्रच...चपलाकठिना वातपित्तजा
स्थूला च चञ्चला शीता सन्दा स्याच्छ्लेष्मवातजा ।
सूक्ष्मा शीता स्थिरा नाडी पित्तश्लेष्मसमुद्भवा ॥
II. 20 (a) ; II. 28 ;

(4) चपला सरलासूक्ष्मा कठिना वातपित्तला ।
वातपित्ताकुला नाडी व्यालवायस गामिनी ॥
सूक्ष्माशीतास्थिरा नाडी वातश्लेष्मा समुद्भवा ।
वातश्लेष्माकुला नाडी सर्पहंसगति र्भवेत् ॥
इषच्चदृश्यते सूक्ष्मा मन्दा स्यात् श्लेष्मपित्तजा ।
पित्तश्लेष्माकुला नाडी काककुक्कुट गामिनी ॥ II. 36 ;

(5) सूक्ष्माशीता स्थिरा नाडी पित्तश्लेष्मसमुद्भवा ।
स्थूला च चपला शीता कठिना वातपित्तजा ।
इषच्च दृश्यते दुष्टा मन्दा सा श्लेष्मवातजा ॥ II. 30.

(6) "सुहु: सर्पगतिं नाडी सुहुर्भेक[1] गतिं तथा ।
वातपित्तद्वयोद्भूतं वदन्ति च विशारदा: ॥"
भूजङ्गादि गतिस्थानं राजहंसगतिं धरा ।
वात श्लेष्मद्वयोद्भूतं वदन्ति च विचक्षणा: ॥
मण्डूकादि गतिं नाडी, मयुरादि गतिं धरा ।
धत्ते श्लेष्मपित्तं प्राज्ञ: वैद्यशास्त्र विशारदा: ॥
II. 4 (a) ; II. 1 ; II. 12 ; II. 26 ; II. 27 ; II. 36 ;
"—" II. 41. II. 38 ; "—" II. 29 ; I. 4 : II. 46 ;
वेग, "—" II. 30.

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(7) मडु:.....विशारदा: ।
भुजगादि गतिं धत्ते राजहंसगतिं मुडु: ॥
वातश्लेष्मसमुद्भुतां भाषन्ते तां विशारदा: ।
मुडुर्भेकगतिं नाडी मुड: हंसगतिं तथा ॥
पित्तश्लेष्म समुद्भुतां तां वदन्ति विचक्षणा: ॥
II. 34 ; II. 18 ;

(8) मुडु: सर्पगतिस्थाते मुडुर्भेकगतिस्तथा ।
वातपित्तद्वयोर्भेदे तां विन्दन्ति विचक्षणा: ॥
मन्डूकादि गतिस्थाने राजहंसगतिं धरा ।
पित्तश्लेष्मद्वयोद्भुतां विद्याद्वैद्यविशारद: ॥
राजहंसगतिस्थाने भुजङ्गादिगतिं धरा ।
वातश्लेष्मवतीमेतां स्थानी मृत्युर्लक्षणां ॥ II. 17.

(9) मुडुर्विषधरगति मुडुर्मण्डूकवद्भवेत् ।
वातपित्तगतिं प्राहु विज्ञानीयं भिषग्वरै: ॥
मुडुर्लावगति नाडी मुडुर्मायुरवद्भवेत् ।
श्लेष्मपित्तगतिप्राहु तद्विज्ञानाति पण्डित: ॥
कुक्कुटस्यगतिर्नाडी मुडुर्मुडुर्जलूकवत् ।
श्लेष्मवातगतिं ज्ञेयं वैद्यविद्याविशारदै: ॥ II. 13 ; II. 47 ;

(10) वातेपित्तयुते गतिस्तु सदृशी स्यात् सर्पशालुरयो: ।
तुल्यापन्नगहंसयो: कफयुते वा वाते गतिर्जायते ॥
पित्तश्लेष्मणि भेकहंसदृशी धत्तेगति तन्तुकी । II. 6.

(11) सर्पहंसगतिं तद्वद्वातश्लेष्मावतीं वदेत् ।
हरिहंसगतिं धत्ते पित्तश्लेष्मान्विता नाड़ी ॥
II. 36 ; II. 41 ; "—" II. 29.

(12) वातपित्त.....सर्पभेकगति
पित्तकफ.....काकहंस
कफवात.....सर्पहंस
"वातश्लेष्मयुता चेति कफं तिचारे लक्षावति ।
अतिमन्दा च विश्रान्तं तान्त्रिकं वदेद्बुधै: ॥"
"—", II. 5 ; II. 14.

Vayu-Pitta derangement : (*i*) The impulse is felt beneath the index and middle fingers (1). The passage may also mean in the short space between the index and middle fingers, thus showing a character midway between the Vayu and Pitta impulse. (*ii*) The pulse becomes curved (2, 3, 5), hard (3, 4, 5), quick (with celerity) (3, 4, 5), jerky (or straight) (2, 3, 4) and full (5) or small (4),

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(*iii*) The pulse impulse resembles the mode of progression of the snake and frog (10, 12) or crow (4), or resembles the movement of the snake at one moment and that of the toad at another (6, 7, 8, 9) or resembles the movement of the frog in place of that of the snake (in relation with the examining finger) (that is, one gets the Pitta impulse beneath the index finger) or vice versa (*Nadi tarangini*.)

Taking all these signs into account we may judge that we get a characteristic midway between that of Vayu and Pitta The passage which indicates that the Vayu impulse is felt at one moment and that of Pitta at another time, allows two interpretations : first, it may mean that the Vayu impulse is felt for sometime and then the Pitta impulse presents itself, there being no regularity in their sequence. This will be abnormal if such impulses do not correspond the normal sequence (in view of the daily variation). Secondly, it may mean that the Vayu and Pitta impulses occur alternately in regular sequence (allorhythmic) that is we are dealing with some bigeminal condition. But such cases are so rare that we should not possibly think of this condition here.

Vayu-Kapha derangement. (*i*) The pulse is felt beneath the index and ring fingers (1). This seems to be impossible as one cannot feel the pulse by the index and ring finger without being felt by the middle from the point of view of the arterial tension. If the pulse is felt in the space left between these two fingers (in the situation of the middle finger) we may then be dealing with a pulse condition where the characteristics are not typically of those of a Pitta pulse but may be of the Vayu and Kapha pulse in certain proportions. (*ii*) The pulse is crooked (2), and with low ascent (3, 4, 5), runs with celerity (3 , but slow in rate (2, 3, 4, 5) and is full (3, 5) or small (4). (*iii*) The pulse impulse resembles the mode of progression of the snake and goose (4, 9, 11, 12 , or that of the snake (7) or leech (9) at one moment and that of the goose (7) or fowl (9) at another or has the movement like that of the goose in the place of the snake (that is, beneath the index finger) or vice versa (9). (*iv*) If the Kapha condition becomes strong, the pulse becomes very small, very slow and looks exhausted (of low tension) (12).

The same remarks are applicable here as in the last condition. On the whole it seems that the pulse shows a character midway between the *Vayu* and *Kapha* characteristics. The pulse condition probably approaches that recogniged as *Pulsus tardus* (see above).

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Pitta and Kapha derangement. (*i*) The pulse is felt beneath the middle and ring fingers or between the two (1). (*ii*) The pulse is jerky (2), or of low ascent (3), slow (2, 3, 4) or small (3, or slightly small (4). (*iii*) The pulse impulse resembles the mode of progression of the crow and fowl (4), frog and goose (10, 11), or crow and goose (12), or it resembles the mode of progression of the frog (6) or quail (9) at one moment and that of the pea-fowl (6, 9) or fowl 7) at another, or the pulse impulse is similar to the movement of the goose in place of the frog (that is, beneath the middle finger) (8).

The same remarks are applicable here as in the other two cases. What we can think of is that there is an intermediate condition between the Pitta and Kapha characteristics. This condition is to be probably recognized as the *Pulsus mollis* of the Western Medicine (described as the relaxed, soft, readily compressible pulse of hypotension). We may also think of the *dicrotic pulse* (of Modern Medicine), which is characterized by low tension and fult volumes.

III. Triple derangement. This condition is recognized as one in which all the three principles, *viz.*, *Vayu*, *Pitta* and *Kapha* are deranged. It should be noted that the condition known as *Sannipata* (a grave condition often leading to death) is believed to be caused by this triple derangement. The pulse characteristics in triple derangement are not so carefully distinguished from those in *Sannipata* and the two conditions merge into one another. We study them here together.

(*a*) Situation of the pulse beats with relation to the examining fingers.

(1) अङ्गुलि वतयेऽपि स्यात् प्रव्याक्ता सन्निपातत:।

I. 2, II. 8 ; II. 20 (*a*).

(2) वाताधिके वहेन्मध्येह्यये वहति पित्तना।
अन्तश्लेष्मगता नाडि सन्निपात विलक्षणं॥

II. 34 ; I. 4 ; II. 36.

(3) आदौ च वहते पित्तं मध्येश्लेष्मं तथैवच।
अन्ते प्रभञ्जनो ज्ञेय: सन्निपातस्त्रिलक्षणा॥ II. 36.

(4) वातादि त्रितयजं त्वतीक्ष्णं दधान
ह्यलक्ष्या भवति भृटिन्युपान्तवेग:।
आधिक्ये वलममवलं व्यानिर्वला
तन्मूनं वै वहति शिरं तु सन्निपाते॥ II. 24.

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The pulse is felt by all the fingers (1). (The author indirectly refers to a thready running pulse with numerous small waves). The Vayu pulse is felt in the middle, Pitta pulse in front and Kapha pulse behind (2), or the Pitta is felt first, the Kapha pulse in the middle and Vayu pulse behind (3). (The real interpretation of these two passages is obscure ; they may mean a deviation from the normal daily variation of the Vayu, Pitta and Kapha conditions and we have already dealt with these passages in connection with the variations of the pulse sequence).

(*b*) Comparison with the progression of animals.

(1) नाडी धत्ते त्रिदोषे तु गतिं तित्तिर लावयोः। II. 20 (*a*)

(2) लावैर्वर्त्तिकैर्वा चरति समं ऋतः तित्तिरैर्वा त्रिदोषे।

II. 8 ; II. 27.

(3) लावतित्तिरवत्तीर्णा गमनं सन्निपातजः।

I. 1 ; II. 44 ; II. 38 ; II. 25 ; II. 26 ; II. 20 (*a*) ;
II. 36 ; II. 4 (*a*) ; II. 4 (*c*) ; II. 31.

(4) काष्ठकूटादि चक्राणां विविध गति संगता।
सन्निपातोद्भवा नाड़ी..... ॥ II. 1 ; II. 26.

(5) तुरगादि कुलिङ्गादि हंसादिनाञ्च विचित्रं गमनं।
वातादिनां समानंहि धमनीसन्निपातजः॥ II. 34.

(6) उदगादि लावकादिकहंसादीनां च विभ्रतीगमनं।
वातादिनां समानं धमनी सम्बन्धमाधत्ते॥

II. 38, II. 26 ; I. 1 ; II. 36.

(7) काष्ठकुट्टो यथा काष्ठं कुट्टते चातिकोपतः।
स्थित्वा स्थित्वा तथा नाडी सन्निपाते भवेद्ध्रुवं॥ II. 36 ; II. 29.

(8) वाजिहंस भयुरादि पारावत कुलीरवत॥
सन्निपातोद्भवा नाड़ी प्रवदन्ति मनीषिणः॥ II, 6.

(10) काष्ठकूट्टगतिर्यत्र चञ्चद्गति समन्वितः।
सन्निपातोद्भवा नाडी शीतोष्मा संज्वराधिकां॥

I. 4 ; II 30 ; II. 28.

In triple derangement, the pulse beats like the modes of progression of the lapwing and quail (1), *laba* quail and *vartaka* quail (2), *laba*, lapwing and *vartaka* (3), horse, shrike, goose and others (5), snake, shrike, goose and others (6 , horse, duck peafowl, pigeon and crab (10) and lapwing and crane 9), woodpecker and ruddy goose (4) and woodpecker and dear (10). (In all these

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cases we undoubtedly deal with an irregular pulse, the individual beats of which are varying in different degrees.

As the woodpecker goes on striking the wood quickly for some time and rests a while to repeat the same pecking, so the pulse in Sannipata beats very quickly for a number of times then takes a pause and repeats the quick beating. (10). (This may indicate a missing of the beat now and then as in an extra systole or paradoxic pulse.)

(*c*) General characteristics.

(1) मिश्रिते मिश्रिता भवेत्। II. 36 ; II 38 ; II. 4.

मिश्रां मिश्रेतु लक्षयेत्। II. 20 (*a*).

सर्व्व सर्वाकृतिरेव नाडी। II. 12 ; II. 27.

सर्वलिङ्गेषु सर्वज्ञा। II. 1 ; II. 34 ; II. 44 ; II. 17 ; II. 26 ; II. 20.

सर्वदोषेतु सर्वगा। II. 17.

सर्वनाडी च सर्वगा। II. 45.

सर्वलिङ्गं समायुक्ता सर्वज्ञा परिकीर्त्तिता। II. 28.

विदोषात् मिश्रलक्षणा। II. 36.

(2) सन्निपाते विरूपा। II. 1.

सन्निपाते विलक्षणा। II. 6 ; II. 42.

(3) (i) सन्निपातादतिद्रुता। II. 2 ; 41.

सन्निपातेनसत्वरा। II. 36.

(ii) चञ्चल दोषपूर्णत्वं कार्श्यं अतिमन्दता।

.....नाडि सा विदोषे॥ II. 46.

(iii) कुटिलं शिथिलं मन्दं सूक्ष्मं चपलं गागति। II. 24.

(iv) चौणातु सन्निपाते स्यात् शीता नानागतिस्तथा। II. 20 (*a*).

(v) नाडी तन्तुसमा मन्दा शीतला सर्वदोषजा।

II. 9 ; II. 20 (*a*).

(vi) क्वचे शीता क्वचेत्ष्मा क्वचे वक्रा क्वचे भृता।

ईदृषा वहते नाडी सन्निपातं विनिर्दिशेत्॥ II. 1.

(vii) कदाचिन्मन्दगमना[1] कदाचिद्वेगवाहिनी[2]।

विदोषकोपतो ज्ञेया:..... ॥

II. 4 ; [1]मन्दगानाड़ी, [2]शीघ्रगाभवेत् ; II. 38.

See also (*a*) 4.

The pulse reveals the combined (mixed) characteristics of all the (three) derangements (1, 2). The pulse is rapid or running

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[3 (*i*)] ; or it beats with celerity, is hard and extremely slow and shows the derangements (*ii*) ; or it is crooked, soft (of low tension), slows small and beats with celerity (*iii*) ; or it is weak (small), of slow and low ascent and beats with many movements (*iv*) ; or the pulse is thready, slow and of low ascent at one moment, jerkey at another, crooked at one moment and full at another (iv) ; or the pulse is slow at one moment and beats with celerity at another time (vii). (This condition is also considered to represent a double derangement according to some authorities) ; or the pulse shows the derangement of vayu and others, with blunt top, is again not seen, soon becomes rapid and now strong, full and of good tension and now weak (of low tension) [a (4)]. If we consider all these charactertics together, we find that they have got much practical value Described in various ways, they all show a grave heart condition and vasomotor paresis. Thus we are dealing with an extremely rapid pulse (arachnoid pulse). Some of the passages may also indicate the *pulsus trigemimes* consisting of three beats and a pause, which might have been taken to be a sufficient indication for a triple derangement. Then again we have a condition, *delerium cordis* with extreme irregularity in the cardiac contraction (seen in auricular fibrillation) which might have been referred to in some of the passages.

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Notes and News.

——:o:——

THE ALL-INDIA AYURVEDIC CONFERENCE.

17th Session—Patna.

Doctor Lakshmi Patti B. A., M. B. C. M. sends to us the following impressions of the Conference :—

The Conference this year is a great success, and promises to give an effective programme for constructive work towards further development of Ayurvedic movement. The democratic section of the Vaidyas, that is the actual workers of the rural areas have come to the front line of action. They do not depend upon big leaders who have till now been controlling the All-India Conference from the top. The election as President of a zealous worker, Pandit Jagannath Prasad Shukla, in recognition of his past services to the Mahamandal is a sign of the change in the angular vision that is now appreciably noticed in the field of political and social organizations. The time of platform orations and shows is over and the test of merit at present is the sum total of genuine service rendered by any individual. The delegates, all fully clad in Khaddar, represented a very influential section of the intellectual classes of the country, sworn to service in any capacity. Speeches in Sanskrit which were once commanding great respect are now replaced by the fiery, fluent, and impressive orations in Hindi. Thus, the Conference is truly democratic and voiced forth the views of the real Indian Physicians.

The Conference is also characteristic this year in having attracted scores of patients from very distant lands, such as Rajputana, for obtaining a Diagnosis and a possible ready cure at the hands of eminent physicians gathered at this Conference. This shows that the influence of the Conference is felt in the interiors of the country and that in spite of the strong support in money and prestige that the foreign system receives, it is steadily losing ground in this country.

The Ministers of the Behar Government as well as representatives of the Congress, Pandit Madan Mohan Malviya, Lala Lajpat Rai and others graced the same platform, showing that Indian medicine is a subject in which all parties are interested. Pandit M. M. Malviya gave an address for nearly an hour expounding the merits of the Indian system and the suitability of the principles of Hygiene contained therein to our climate and constitutions. Lala Lajpat Rai spent over half-an-hour in the exhibition, and was much interested in all that he saw. The Minister in charge of medicines was present almost throughout the session. He had a long interview with the Vaidyas from various parts of India and when I presented to him specially prepared charts on the system of

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Hospitals in Ancient India, and rules for conduct of daily life on Indian methods, he ordered them to be at once put up on the walls of the Government Ayurvedic School recently started at Patna. He is an enthusiastic supporter of Indian medicine and it is hoped that during his term of office substantial progress will be achieved.

As to the scientific work during the session, it may be mentioned that the lectures prepared, show an advancement on the research side. Pandit Pratap Sinha of Benares Hindu University gave a very good demonstration with the aid of specimens of the work conducted by him during the year, and explained in an admirable manner, the volcanic origin of the wells of mercury described in Rasaratna Samuchyaya and also commented very intelligently on many passages which have been so far considered obscure. Mr. Datta of Poona explained the work of identification of herbs conducted by him after the last Conference. Pandit Chandrasekhardhar Misraji of Ratnamala, Behar, lectured on his inventions on the properties of Udamber-patrasar (Extract of Udamber fig leaves) as an antiseptic and specific in Diabetes.

Discussion on Anubhuta Proyogas, i. e., prescriptions in actual practice of physicians was held throughout the session whenever time permitted.

The Exhibition attracted great attention and was representative of specimen from all parts of India. There were over thirty exhibitors and the most prominent of them were Dhanwantaria Ousadhalaya of Vijayagarh-Aligarh, the Benares University, Babu Rup Lal Vaidya of Benares and Kalpatru Works of Calcutta. Rai Radha Krishna Bahadur sent a fine set of Khalvams to the exhibition.

There was great enthusiasm throughout the whole session and the delegates were busy in the intervals that could be spared in visiting the Hindu Sabha which was also holding its annual session at the time, and in visiting places of interest in the ancient city of Pataliputra which was the cradle of Indian medicine.

As Pandit Malaviyaji remarked wishing goodbye to the party of delegates going on an excursion to the sites of Nalanda," "great days are in store for Ayurveda."

AYURVEDIC CONFERENCE.

IMPORTANCE OF THE INDIGENOUS SYSTEM OF MEDICINE.

The 17th All-India Ayurvedic Conference was held at Patna on April 18, in a specially erected pandal near Patna Junction. There was a large attendance from all parts of India. Hon'ble Babu Ganesh Dutta Singh, Minister of Bihar and Orissa in charge of Local Self-Government

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was present. Among prominent delegates were Vaidyaratna Jogendranath Sen of Calcutta, Dr. Lakshmipatti of Madras, Kavirajes Hariranjan Majumder of Delhi, Rakhal Chandra Sen of Calcutta, Rama Prasad Vaidya of Patiala State, Pandit Ajodhyanath Tewari, Vakil of Cawnpore.

The Chairman of the Reception Committee Pandit Brijbihari Chaturvedi of Patna in his address among other things emphatically protested against the inclination of the Bihar Government to discourage private Ayurvedic institutions. One Government institution was not enough to meet the needs of the province and any attempt to discourage private institutions was a dangerous move. The old Gurukul system was absolutely necessary for the advancement of medical relief in this country.

The President of the Conference Pandit Jagnath Prasad Shukla, Ayurveda Panchanan in a comprehensive address in Hindi urged the necessity of establishing an ideal private Ayurvedic college, the revision and re-editing of texts and emphasised the utility of imparting instruction in Hindi and other vernaculars and of the necessity of training lady Vaidyas, nurses and compounders. He said that a directory of Vaidyas should be immediately prepared.

He also spoke of the importance of Seva Samities of Vaidyas, of laboratories for the preparation of standardised medicines, of institutions for research work and for historical and scientific enquiries for the restoration of the surgical officiency of ancient India.

Reports of Societies etc.

—:o:—

BRITISH MEDICAL ASSOCIATION,

Ceylon Branch.

At a meeting of the Ceylon branch of the British Medical Association, Sir Marcus Fernando moved a resolution for the appointment of a sub-committee to report to the parent body the deterimental effects which, in its opinion, are likely to result from the adoption of the recommendations of the mojority report of the Committee on Ayurvedic medicine. This report has recommended Government aid to practitioners of the indigenous system, and the shceme, which is decidedly modest, seems to have been modelled on that which has been in force in Madras for some time. The tearing and raging propaganda which the Ceylon branch of the B. M. A. is organising against the belated attempt to give the people the medical relief that they appreciate need not surprise us, for there is no more narrow trade union than the medical profession and none more jealous of its supposed exclusive rights and prerogatives. But Sir Marcus Fernando seems to have made out a singularly feeble case for attitude of his Association. He quoted from medical journals (some

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of pretty ancient date) to show that in the opinion of other practitioners of Western medicine the Ayurvedic system was unprogressive, metaphysical and out of date; and he concluded by triumphantly recounting the achievements of the Western system in the past half a century, pointing out that even now more than 50 per cent of the people of the island resorted to modern treatment, which in his opinion, indicated a wholesome preference for the more scientific system. Sir Marcus seems to us to considerably underrate the popular demand for Ayurvedic treatment; granting he does not, why should he be afraid of any little help given by the State to a system which, according to him, cannot hope successfully to compete with modern allopathy? As to the relative virtues of the two systems no one who knows anything of the Ayurvedic system will condemn it wholesale as the Ceylon worthy does. Experiment has no doubt been the bed-rock of Western science, but the fierce war the B. M. A. wages against osteopaths, homeopaths and others shows that, with all its professed anxiety for the discovery of truth, the profession has not yet got over the stage of fetish worship. There are many diseases in the presence of which the European doctor is powerless, but which the vaid and the hakim tackle successfully; and a large number of people in India and Ceylon prefer the time-honoured indigenous treatment. These considerations are sufficient justification for Government extending at least as much support to the indigenous system as to that of the West.

TROPICAL MEDICINE CONGRESS.

PROGRESS OF ARRANGEMENTS.

Simla, April 21

Elaborate preparations have been taken in hand for the seventh Congress of the Far Eastern Association of Tropical Medicine to be held in Calcutta, on 5th December. No less than Rs. 54,000 have been provisionally budgeted towards expenditure and a full time officer of the Indian Medical Service will be appointed shortly to be in charge of it. The Calcutta branch of the General Executive Committee and the Calcutta Local Committee of the Association have been frequently conferring as to the plan of arrangements. The need for publicity, especially in Bengal, has been keenly felt and accordingly a sub-committee has been appointed to explain the objects of the Congress. Last year's Congress was held in Tokio and the Japanese have been so lavish in their hospitality to all foreign delegates that the organisers of this year's Congress in Calcutta are evidently in the position of having to follow a difficult example. General Tate, who attended last year's session, brought this pointedly before the organisers at the last meeting of the

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Committee and added that we in India should do everything in our power to offer hospitality to delegates from other countries. Lt.-Col. Counningham pointed out that four classes of delegates and members estimated at seventy, non-official members estimated at fifty, official delegates from Local Governments and Indian States numbering about fifty and ordinary members (private) from India numbering about 350. In the previous Congress held in other countries private hospitality had played a considerable part in accommodating foreign members, whether official delegates or not. This point was fully discussed by the Committee with regard to official delegates of Provincial Governments and Indian States. The Government of India are of opinion that they should be a charge on their respective Governments. Ordinary members would attend at their own expense. A special committee was appointed to arrange for accommodation and deal with the programme of entertainments.

JAMINIBHUSAN ASTANGA AYURVEDA VIDYALAYA.

It is with great pleasure that we inform our readers that the Board of Trustees, the members of the executive council and the members of the General Society of the Astanga Ayurveda Vidyalaya has thought it fit to name the Institution after its illustrious founder the late lamented Kaviraj Jamini Bhusan Roy M.A., M.B. They could not have thought of a better way of commemorating the founder, whose sole object in life was the welfare of the college. For twelve long years of his short life, which consisted of only nineteen of working years, he thought for it, he moved for it, he begged for it, and at last laid down his life for it. He set apart the major part of his life's earnings for the college. His donations to the college has come up to something more than two lacks of rupees. The present members of the council of the college are working hard for the fulfilment of Jamini Bhusan's wishes. One of them Babu Manomohan Pande has himself donated a lack of rupees to the college. He was Jamani Bhusan's right hand in establishing the college. Now that Jamani Bhusan is no more, Mr. Pande has taken upon himself the whole burden of the work. He has set aside all his personal affairs, his business, his enjoyments and even his religious undertakings and has applied himself whole-heartedly to the college. Though an old man of above sixty, he is working with as much vigour and energy as though a young man of thirty. As an orthodox Hindu he was visiting places of pilgrimage every

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now and then all throughout the last four or five years, but this year he has not stepped out of Calcutta and visited any religious place, not even Hardwar on the occasion of the Purna Kumbha Mela. No wonder if we see the college improving by leaps and bounds, when we see instances of such selfless workers for its cause.

REPORT OF THE COMMITTEE ON THE INDIGENOUS SYSTEMS OF MEDICINE, CEYLON.

—o—

THIS Committee was appointed to report—

(*a*) Whether it is practicable for the Government to assist financially or otherwise

(i) in the training of those seeking to qualify themselves as practitioners of the indigenous systems of medicine ;

(ii) and in the investigation of the medicinal value of drugs used by those practising such systems , and

(*b*) If practicable, to prepare a detailed scheme of such training and investigation for the consideration of Government.

II. PERSONNEL.

Of the members of this Committee the Hon. Sir Marcus Fernando had to leave Ceylon in May last and Dr. S. T. Gunasekara, Assistant Director of Sanitary Services, was appointed in his stead in June last.

III.—MEETINGS.

The Committee held ten meetings and examined several witnesses viz..:—Dr. E. Roberts, M. R. C. S. (Eng.), &c, Dr. S. T. Gunasekara, M. R. C. S. (Eng.), Dr. Lionel de Silva, M. D. (Liverpool), &c , Dr. S. C. Paul, F. R. C. S. (Eng.), &c., Dr. C. A. Hewavitarne, M. D. (Lond.), &c., Dr. M. M. Kumaraswamy, F. R. C. S. (Eng.), &c., Dr. M. R. Samey, Ph. D. (Gold Medalist), Vidyabushana, Kawiratna of Ayurveda, Vice-principal, Lanka Ayurvedic College, Jaffna, Mr. V. Sivasubramaniam, Vythia Pathy, Jaffna, Mr. N. K. H. Vidyasekere, Veda Muhandiram, Galle, Mr. U. D. Narampanawe, Veda Mahandiram, Kandy, Mr. G. P.

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Wickrama Arachchi, L. A. M. S. (Calcutta), Gampaha, Mr. N. D. A. Samaranayake, Veda Arachchi, Kandy, Mr. Bandara Beddewala, Chilaw, Mr. C. Muttucumaru, Ayurvedic Physician, Jaffna, Mr. E. S. Jayasinghe, Secretary, Foster-Robinson Memorial Institute, Mr. I P. Jayatilleke, Ayurvedic Physician, Mr. Panditha M. S. P. Samarasinghe, Mr. R. R. Undugodage, Associate Member of the Madras Ayurvedic College, L. M. Rotunda, Dublin, Bachelor of Homeopathic Medicine, Calcutta, and Mr. Sarnelis de Silva, Ayurvedhacharya.

They also studied the valuable report of the Madras Committee on the Indigenous Systems of Medicine issued in 1923, and the evidence taken by that Committee.

IV.—Scope of Inquiry.

At the outset some of the members of the Committee desired to consider the question whether the indigenous systems of medicine were *scientific or pure quackery*. The declared object of the Government of Madras in appointing a Committee to report on the indigenous systems of medicine in vogue in that Presidency was *inter alia* "to afford the exponents of the systems an opportunity to state their case fully in writing for scientific criticism and to justify State encouragement of these systems." The terms of reference to this Committee do not suggest any such investigation. It is also obvious from the history of this question in Ceylon and from the circumstances which led up to the appointment of this Committee that no such investigation was desired by Government. In 1916 the Government was prepared to consider favourably a practical scheme for the granting of assistance for the training of those seeking to practise the indigenous systems of medicine (*vide* Hansard 1916, pages 218 and 232). In 1919 the Government offered to the Oriental Medical Science Society a valuable site in Colombo for the establishment of an Ayurvedic College and Hospital. This offer was withdrawn in 1922 as the funds then collected by the Society were not sufficient for building, equipping, and endowing the proposed institutions. When the Supply Bill, 1925-1926, was considered in Committee the Government was asked by several members to vote a sum of money for the training of those seeking to practise the indigenous systems of medicine, and the acting Colonial Secretary requested the Chairman of this Committee to prepare a scheme in detail. As it was thought more desirable that

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a Committee should prepare such a scheme a motion was introduced by the Chairman for the appointment of a Committee for the purpose. The Government accepted the motion, but desired that the Committee should also report on the practicability of giving assistance in the investigation of the medicinal value of drugs used by those practising the indigenous systems.

Though most of the members of the Committee were of opinion that it would serve no useful purpose at this stage of the history of this question to consider whether the indigenous systems were scientific or quackery, they have nevertheless devoted some time for the consideration of this point.

The Committee have examined some of the leading exponents of the indigenous systems in Ceylon and read in the Appendix to the Madras Report the evidence of the distinguished members of the profession from all parts of India. Some of the leading doctors practising the allopathic system of medicine in Colombo were also examined by the Committee.

V.—Definition of Terms used.

Before proceeding further it would be useful to define the meaning of certain terms used in this Report.

Indigenous Systems.—The systems of medicine which are in vogue in India are also in vogue in this country. The Ayurvedic Sidda, and Unani systems may therefore be said to be the systems indigenous to Ceylon.

According to the report of the Madras Committee which was presided over by Khan Bahadur Muhamed Usman, the Unani system is founded on Ayurveda.

It is stated in the Calcutta Report on the Tibbi (Unani) system of medicine that the Arabian system of medicine was called by the Arabs Unani system in grateful acknowledgement of the knowledge received from the Greek sources. The Caliphs of Bagdad got books on Ayurvedic medicine translated from Sanskrit into Arabic. The names of Charaka and Susruta appear in the Latin translations of Avicenna (Abu Ali Ibn Sina) and Rhazes (Zakaria al-Razi), two most noted Arabian writers on medicine (Calcutta Report on Unani system, page 8).* It is

* Report on the working of the Tibbi Committee and a Scheme for the Rivival and Development of the Unani System of Medicine.

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also stated in this report that the influence of Greek medicine on Arabian medicine was direct, and the ifluence of Ayurveda (if any) was indirect.

Dr. Neuberger in his "History of Medicine" points out that Greek medicine adopted Indian medicaments and methods, and that Indian medicine became engrafted upon the Arabic long before the Muhammadan conquest of India, and that "Indian influence in the guise of Arabic medicine was felt anew in the West.

Whether the Unani system of medicine is based on the Indian system or not, it has much in common with the Ayurvedic and Sidda systems which really are indigenous to India and Ceylon. When therefore in this report reference is made to the indigenous systems the expression includes all the three systems.

Specialists. —It is probable that there are some specialists in Ceylon possessing a knowledge of certain remedies which are not stated in the recognized books dealing with any of these three systems. These remedies would be in the nature of secret patent medicines only ; and the specialists do not profess to practise any system different from the three recognized systems.

Scientific Medicine. —In the discussion of this question some persons insist on using the term "scientific medicine" to distinguish Western medicine from the indigenous systems of medicine. The exclusive appropriation of the term "scientific" to Western medicine appears to this Committee to be unwarranted.

Some members of this Committee distinguish "Western medicine from "scientific medicine" and are of opinion that Western medicine is partly scientific and partly empirical, and that in so far as medicine is scientific it is also international. This view is correct. It is, however, well to note that even knowledge gained empirically (such as the use of quinine and emetine) should be the heritage of all races ; and that many so called "established discoveries" of science are so only "until something occurs to reopen it ; for there is no absolute *chose jugee* in science." *Schiller.*

Western Medicine.—Some object to the term "Western medicine "being applied to allopathy on the ground that the science of medicine is not confined to any particular point of the compass but is universal. Though in the colourless domain of

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science there is no "East" or "West," it is nevertheless the fact that great differences exist to-day between the Indian and European systems in the theories as to the cause of many diseases, and also in the drugs used and methods adopted in the treatment of diseases. The expression "Western medicine" has the advantage of being a convenient and well understood term to describe the allopathic system of medicine which was introduced into Ceylon by British and other European doctors. No useful purpose will be gained by considering the other Western systems like homeopathy. In this report therefore the term Western medicine is often used to refer to allopathy and to distinguish it from the indigenous systems of medicine.

Ayurvedist.—For the sake of brevity the term "Ayurvedist', is sometimes used in this report in lieu of the expressions "persons practising the indigenous systems of medicine" and "Vedaralas, Vaithyars, and Hakims." The term "Ayurveda" is similarly used to include all the indigenous systems of medicine.

VI. ARE THE INDIGENOUS SYSTEMS SCIENTIFIC ?

Ayurvedic Pathology.—Ayurveda has been attacked as unscientific mainly on the ground that its pathology is out of date. It is urged that it is established by modern science that many diseases are caused by germs, and that this discovery which has revolutionized modern medicine was not known to the Ayurvedists who attributed diseases to the derangement of the three *dhatus* only ; that this theory of the causation of disease by the disturbed equilibrium of the three *dhatus* is the same as the Greek Humoral theory which has been abandoned by modern scientists.

Some Ayurvedists deny that the Tri-dosha theory is the same as the Greek Humoral theory. The Ayurvedists no doubt attribute most diseases to the disturbed balance (dosha) of the three *dhatus*—Vatha, Pitha, and Kapha. Most members of this Committee do not feel competent to express any opinion as to whether this Tridosha theory is right or wrong. But it has been stated by some witnesses who appeared before us and also in the evidence printed as an Appendix to the Madras Report that the Hindu systems do not ignore the germ theory. The causes of disease are said to be intrinsic and extrinsic, and parasitic germs

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are mentioned among extrinsic causes. Susruta speaks of 20 kinds of *krimis*, of which 13 are visible to the naked eye and others not so visible. Says Susruta: "By repeated bodily contract, by sharing the same food, bed, or seat, and by use of clothes, garlands, or fragrant pastes used by another, such diseases like leprosy, certain fevers. consumption, opqthalmia, and contagious diseases are conveyed from person to person." See Susruta—Nidana Sthana, chapter V. The Ayurveda merely looked upon germs as one among the many causative factors, capable of producing disease, if the soil or field was suitable for the growth of the germ seed. It was only when the quilibrium was disturbed that the disease germs which exist everywhere got the upper hand. See pages 41 to 43 of the Madras Report (Appendix I).

The Tri-dosha theory according to Ayurveda is not opposed to the germ theory, but includes it. The acceptance of the germ theory is not destructive of the other. It would also seem that something akin to the humoral or tri-dosha theory is regaining ground in the West. A perusal of the following extracts from the writings of renowned Western scientists shows the need for caution before rejecting the tri-dosha theory :—

"Pathology is still shifting. We have not yet reached finality. Even *bacteria* are probably results and not causes."—*Sir James Goodheart* (Harvelian Oration, 1912).

"While the time is not yet ripe for dogmatic statement, there is a large mass of evidence which goes to show that the ductless glands, the endocrines, with their essences (their hormones as they are called), constitute the main spring of this surprising mechanism. Nor does the importance of the endocrines stop here, for according to the exact proportion in which their essences are mixed in your blood, you are tall or short, dark or fair, phlegmatic or choleric, saint or sinner, sexual or homo-sexual, or sexless, male or female."—Dr. *Leonard Williams.* (British Journal of Psychology, Vol., II., Part IV., pages 259—262).

"Cannon's and Crile's discoveries and other work with ductless glands made it entirely possible that while we may not be dealing with blood, yellow bile, and whatever fluids, the ancients thought of under the name of black bile and phlegm, we may nevertheless be dealing with such fluids as are secreted by the adrenal glands, thyroid glands, the thymus, and the other glands of internal

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secretion. It would seem quite probable then that we are to think of different individuals as having inherited different constitutions in these particluars."—*Professor Goddard.* (Psychology of the Normal and the Subnormal, page 228).

Ayurvedic Surgery.— As regards surgery, Sushruta describes over a hundred surgical instruments. Among the numerous operations performed, mention may be made of the followlng :— Amputation ; Removal of tumours and enlarged lymphatic glands ; Tapping for dropsy and hydrocele ; Opening of the abdomen for removing intestinal obstructions ; Operation on the scrotum for the removal of omental hernia ; Extraction of cataract ; Obstetric operations, including Cæsarian section and crushing the fœtus ; Plastic operation for the restoration of the nose.

Ayurvedic Anatomy.— As regards knowledge of anatomy possessed by the Ayurvedists, Dr. Hœrnle in his preface to his Studies in Medicine in Ancient India said : "Probably it will come as a surprise to many as it did to myself to discover the amount of anatomical knowledge which is disclosed in the works of the earliest medical writers in India.

Materia Medica.—The Materia Medica of Ayurveda was admittedly very copious, and the medicinal use of numerous animal and vegetable substances and of many metals like iron gold, mercury, zinc, arsenic were discovered very early in its history.

It is difficult to believe that the Rishis and Siddars who discovered the medicinal use of so many drugs and who had advanced so far in surgery were not scientists.

VII.—Great Value of Empirical Methods.

The importance of the question whether the indigenous systems are scientific or mere quackery arises from the argument that if they are quackery it is not in the public interest that Government should assist in the training of those who seek to practise these systems.

Even if the indigenous systems are not scientific in the sense that they are based on incorrect theories as to the causes of disease it does not follow that the indigenous systems can be dismissed as mere quackery.

(*To be continued.*)

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TRYPSOGEN

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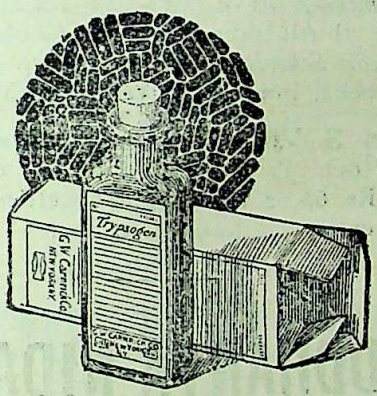

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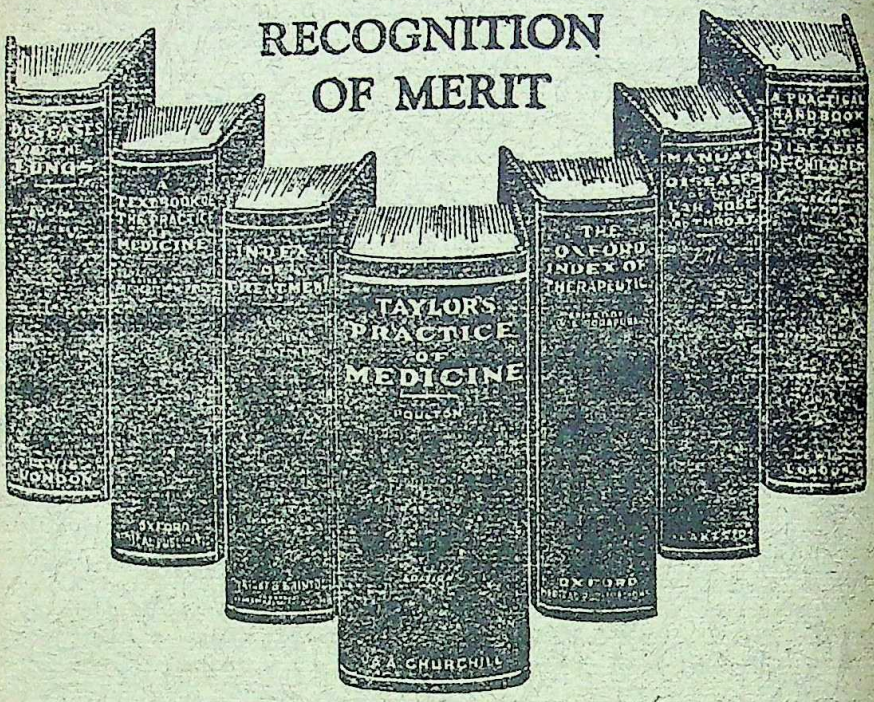

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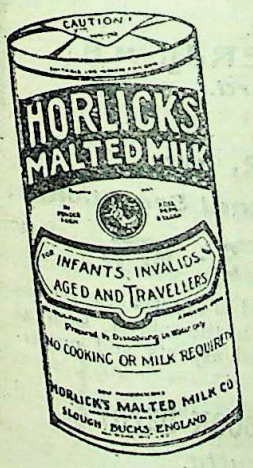

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THE JOURNAL OF AYURVEDA

Vol. III.] May, 1927. [No. 11.

Report of the Committee on the Indigenous System of Medicine, Ceylon.

We have received a copy of above from Dr. M. R. Samey, Ph. D. (Gold medalist), Vidyabhusana, Kaviratna of Ayurveda, Vice Principal, Lanka Ayurvedic College, Jaffna, the majority report of which is published in full in the current issue.

The aims and objects of the Committee were to investigate the medicinal value of Indigenous drugs and in case the system advocating their use on certain principles proved efficient, the practicability on the part of the Government of helping financially or otherwise in the training of those seeking to qualify themselves as practitioners of the Indigenous System. The objects of the Committee also included the preparation of a detailed scheme of such training and research for the consideration of the Government.

The Committee consisted of members of which Messrs. K. Balasingham, Chairman, E. R. Tambimuttu, C. W. Kannangora, T. B. Jayah, F. A. Obeyesekere, S. Rajaratnam, W. A. DeSilva, and P. B. Rambukwelle formed the majority group who recommended the Indigenous System of Medicine for Government patronage, while Drs. S. T. Gunasekura, L. F. Hirst, and C. T. Symons formed the minority group and gave a diametrically opposite view. The report of the present Committee was more or less on the lines of that of the

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Mradras Committee on the same question issued in 1923. The Committee held ten meetings and examined several witnesses and in the end came to some conclusions which actuated as many as eight of the eleven to recommend Ayurvedic System of Medicine to the Government while the rest did not find sufficient grounds throughout the investigation to concur with the opinion of the majority.

The first and foremost question in such investigations, —specially when these are carried on by persons who are the champions, nay, rather the very pillars, of what they specify as the scientific System of Medicine—must be whether the Indigenous System of Medicine is scientific or based on pure quackery. This point has been scrutinized at great length with the result that the majority of the Committee has held that Ayurveda is as scientific as the Western System inspite of the objection of the minority "that its Pathology is out of date." The fundamental theory of *Vayu*, *Pittam* and *Kapham* was attempted to be put up to ridicule after confounding it with the Greek Humoral theory, but in vain To the champions of modern Bacteriology who hold that disease is caused by certain bacteria, Sushruta points out that there are 20 kinds of *Krimis* (bacteria), of which 13 are visible to the nacked eye and the others not so visible. Sushruta says, "By repeated bodily contact, by sharing the same food, bed or seat and by use of clothes, garlands or fragrant pastes used by another, such diseases like Leprosy, certain fevers, Consumption, Ophthalmia, and contagious diseases are conveyed from persen to person."—(Vide Sushruta, Nidanasthanam—Chap. V.)

It is a pity that these protagonists of science lose the broadness of vision and become narrow and orthodox while championing their own cause. True science should teach one to study a subject thoroughly before

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pronouncing judgment upon it. It is most unwise—shall we call it unscientific—on the part of a scientific man to criticise another system because it does not suit his interest, without even knowing the very principles of it. The champions of bacterial theory hold that germs are the *cause* of diseases, but we have seen instances where similar germs have produced different effects in different mediums. The scientists at once bring forth the theory of "Natural immunity," and at the present time the Endocrinologist would attribute it to Endocrine efficiency or deficiency. Does not the latter give a lie direct to the bacterial theory, at least to the universality of it?

Our old Ayurvedists discovered germs of diseases more than 2000 years ago, yet they had the common sense not to call them as the universal causes of disease. According to them, they are simply a condition. Given the field in a suitable condition for the culture of these bacilii, the disease will occur—not otherwise. It is only when the equilibrium of the *dhatus* is disturbed that the disease germs which exist everywhere get the upper hand of the tissues. The Tridosha theory according to Ayurveda is not opposed to the Germ theory, but comprehends it. The germ theory is after all not at variance with the other theory.

The Committee have also examined Ayurvedic Surgery, Anatomy and Materia Medica from the standpoint of the "modern science" but found by a majority of 8 to 3 that nothing was wanting in Ayurveda.

The charge of Empiricism levelled against Ayurveda in season and out of season has also been considered by the members, the majority of whom came to the following conclusion:—

"Whereas a very large proportion of the population of "Ceylon have to rely on Indigenous System of Medicine "for curing their diesases and whereas almost all other

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"Provincial Governments have subsidised Ayurveda since "the system has got immense potentiality, the Committee "are of opinion that the Government of Ceylon would also "come forward to establish Ayurvedic institutions and "help those who intend to read the Science. In their "recommendations they suggest that a Board should be "formed with 15 members with Controller of Revenue as "Chairman. Of the 15 members, 10 shall be nominated by "the Government and 5, private practitioners. They have "also proposed the establishment of a College with an "attached Hospital and a garden for herbs. The "approximate cost of the hospital, recurring expenditure "of maintaining the College, scholarships to students etc., "are all dealt with in the recommendations.

"The *Syllabus*, should include an elementary course in "science. physiology, hygiene. anatomy and botany, as "also elementary knowledge of surgery and midwifery "exclusive of major operations. There should be kept a "register of presons qualified to practise Ayurvedic treat-"ment who will enjoy all privileges of registered practi-"tioners,—while failure to register will disqualify such "men from practising.

"Research work should be considered to be of great "importance because it is only by such works that the "therapeutics of the indigenous drugs will be known, "not only separately but also in combination, and it is "only then that the real merit of Ayurveda will become "apparent."

With this the majority recommended that the Government should give grants to well conducted Ayurvedic hospitals and dispensaries where students may be taught Ayurveda by well known experts.

Now to our point. We are quite in agreement with the majority report and the views held by them. Still we are not with them when they do not like to allow Ayurvedists to undertake midwifery cases and

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major operations on the ground that almost all the progress of surgery has been achieved in course of the last seven decades and hence instructions contained in books on same written 1000 or 2000 years ago cannot be of much use to-day and those who desire to qualify themselvs to be surgeons should seek training in a properly equipped Medical College, teaching Western Medicine.

We also differ from them in the personnel of the Board. In our opinion, out of the 15 members 10 should be outside practitioners and 5 nominated, so that the management may have full confidence of the people. Besides it will have this advantage that Ayurvedic Education will not be under the entire control of the I. M. S. officers who as a class, do not entertain a very good opinion regarding Ayurveda.

Nothing can be more uncharitable on the part of those professing sympathey for the indigenous system than to restrict the Ayurvedists in their practice of Midwifery and Surgery. They will be allowed to perform only minor operations and give first aid in midwifery cases. We are on the contrary of opinion that, science being the property of all and not of one particular sect, the Ayurvedists should be taught Midwifery and Surgery according to the Western System, if our ancient system is considered imperfect. It may, however, be mentioned in this connection that far from being imperfect, Surgery and Midwifery, according to *Sushruta* are as perfect, if not more, as the up-to-date improved sciences of the West. But we forget that the recommendations are made by protagonists of scientific medicines who, for self-interest, cannot help reserving something for their own resource, although it is rather a bad trade unionism.

However, it should be our duty to praise wholeheartedly the majority Committee for their broad outlook and boldness to recommend Ayurveda for Government recognition. Our gratitude is all the more when we see

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them propose research into the combination preparations of Ayurvedic medicines unlike the works now done in the local School of Tropical medicine with regard to individual drugs exclusively.

The minority formed by three members finds every thing indigenous as empirical, out of date and unscientific. They cannot understand how *Charaka* and other authors came to associate each *humour* with a particular hodge-podge of physiological functions, physiological states and bodily conditions or how they discovered atoms and microbes without the aid of scientific instruments. So according to them Ayurvedic pathological theories are unsound, its diagnostic methods out-of-date and the surgery and midwifery crude and dangerous In a word, the whole system is unscientific. In the *English* translation of Sushruta Samhita they do not find any mention of superhuman power of observation of the ancient Ayurvedic authors nor of any greater knowledge of anatomy and surgery than might be expected of primitive physicians with untrained powers of observation, handicapped by a religious embargo on anatomical dissection.

The above remarks seem to have been made in despair when they became conscious that Ayurveda, though neglected so long, was going to establish its rights to stay to the great discomfiture of the champions of scientific medicine. We are really surprised to read such remarks, specially made by scientific men, without even seeing an original work on Ayurveda, not to speak of reading it. They have simply read *English translation* of *Sushruta*. We have seen and read many translations of original Sankrit works on Ayurveda and can make bold to say that most of them are useless and even sometimes a different work. In order to pass judgment on some subject, one should study the subject thoroughly, so that his judgment may carry weight. With all their scholarship in the Western Science, they have not understood the

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meaning of *Vayu*, *Pitta* and *Kapham* properly, so that they have confounded this *Tridosha* theory with the Greek Humoral theory. Again the word empirical is as suitably applicable to Scientific Medicine as to Ayurveda. Above all, let us point out to those scientists that Science is not the work of them but of amateurs. Where was Bactereology before Pasteur, who was a *mere Chemist*? Instances may be multiplied to any length to show that the present "scientific medicine" is solely the outcome of discoveries made by ameteurs and not by its votaries.

It is not our object to expose those who prevent Vaids from selling quinine but what we require is that science should not be held to be the monopoly of a particular sect because their system is backed up by Government, we require a full and impartial investigtion into the Indigenous System of Medicine, and if the system be found suitable for the children of its country, a subsidy should be paid by the Government for training students in the system. But above all, investigations should be carried on by men well versed in the system, otherwise no true benefit will follow.

We urge upon the Government of Ceylon to put into effect the majority recommedations of the Committee without any further delay, inspite of criticisms of interested parties who know very little of Ayurveda and whose trade-unionism vitiates their outlook.

KAVIRAJ H. N. CHATTERJEE, M.A.

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Original Articles.

DEVELOPMENT OF MEDICINE

IN

ASOKA'S TIME

BY

A. LAKSHMI PATHI, B.A., M.B. & C.M.,

BHISHAGRATNA, MADRAS.

The time of Asoka had also seen medicine developed to a great extent. There was a State Pharmacy where medicines were prepared.

Marginal furrows between any two rows of crops were utilised for the plantation of fragrant plants, medicinal herbs and the like.

Such medicinal herbs that grow in marshy lands were grown not only in grounds suitable for them, but also in pots (Sthalyam.)

Page 145, Kautilya's Artha-Sastra.

HOSPITALS IN ANCIENT INDIA. I.

Building I.

They should be

Dhrudam—Strong ;

Nivatham—not exposed to strong winds ;

Pravathaikathesam—every part having access to plenty of air (freely ventilated) ;

Sukapravicharam—Specious enough for walking about freely with ease ;

Anupathyakam—Not too near any high and huge buildings or obstructions ;

Dhuma Athapa Jala Rajasam anabigam aniyam—Not exposed to smoke, sun, moisture or dust ;

Anishtanam cha Sabda, Sparsa, Rupa, Rasa, Gandhanam—Not exposed to injurious sounds, feeling, forms, tastes and smells.

(Charaka Sutra, Chap. 15, Urakalpaniyam Adhyayam.)

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HOSPITALS IN ANCIENT INDIA. II.

Building II.

Vasthuvidyakusalah prasistham Gruham evah—Only a house certified by experts in engineering,—having
Sodhapana—easy staircases,
Ulukalamusala—mortars and pestles,
Virchasthana—lavatories,
Snanabhumi—bath rooms,
Mahanasam-Upetham—kitchens,
Thavathpurvam Upakalpayeth—should be got ready beforehand.

Charaka Sutra, Chap. 15, Upakalpaniyam Adhyayam.

HOSPITALS IN ANCIENT INDIA, III.

Attendants I.

After this should be secured a body od attendants of good behaviour,
Distinguished for purity and cleanliness of habits,
Attached to the person for whose service they are engaged,
Possessed of cleverness and skill,
Endowed with kindness,
Skilled in every kind of service that a patient may require,
Clever in bathing or washing a patient,
Well conversant in rubbing the limbs, or raising the patient or assisting him in walking or moving about,
Well skilled in making or cleaning beds,
Competent to pound drugs, and
Ready, patient and skilful in waiting upon one that is ailing,

Charaka Sutra, Chap. 15, Upakalpaniyam Adhyayam.

HOSPITALS IN ANCIENT INDIA, IV.

Attendants II.

There should also be kept a number of men,
Skilled in vocal and instrumental music, in hymns, encomiums and eulogies,
Conversant with and skilled in reciting verses, pleasant discourses, narratives, stories and legendary histories,

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Clever in reading the face and understanding what is wanted by the patient,

Approved and liked by him upon whom they are to wait,

Fully conversant with all the requirements of time and place,

Never unwilling to do any act that they may be commanded (by the physicia or the patient) to do.

Possessed of such politeness as to become agreeable companions.

Charaka Sutra, Chap. 15, Upakalpaniyam Adhyayam.

HOSPITALS IN ANCIENT INDIA. V.

Diet. I

The mansion should also be stored with an adequte supply of Tana (Perdix Chinensis), Kapinjala (francoline Patridge), Sasa (hare), Harina (Deer), Ena (Black antilope), Mriga Matrika (a large species of deer fatter towards the abodominal and hinder parts, urabhra (sheep) and cows yielding copious milk, of quiet disposition, healthy, having all calves living and well tended with food and drink and kept in a fold that is properly cleaned

Charaka Sutra, Chap. 15, Upakalpaniyam Adhyayam.

HOSPITALS IN ANCIENT INDIA. VI.

Diet II.

Ghee, oil, fat, marrow, honey, treacle, salt, fuel, water,

Drinks such as

Madhu-seethu sura-sauveeraka-thushothaka — maireva medaka-dadhi-dadhimanda-uthaswith-Dhanyamla and muthra should also be kept ready.

So also grains such as Shali, Shastika, Mudga, Yava, Masha, Tila, Kulatha, and fruits such as Badari, Mridweeka, Kasmarya, Parushaka, Abaya, Amalaka, Vibhithaka,

And diverse other articles fit for the operations of Sneha and Sweda.

Charaka Sutra, Chap. 15, Upakalpaniya Adhyayam.

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HOSPITALS IN ANCIENT INDIA. VII.

Utensils. I

So also should be kept small vessels or cups,
Larger vessels for washing the hands and face,
Water-vessels or Gangalams, small jars or chembus, dishes (metallic or earthen) pans (Banalis), and Kundas,
Hollow vessels for covering articles, wooden or metallic ladles,
Mats, shawls made of cotton and wool,
Vessels for boiling oils and ghee,
Churning rods for preparing foamy and cooling medicines.

Charaka Sutra, Chap. 15, Upakalpaniyam Adhyayam.

HOSPITALS IN ANCIENT INDIA, VIII.

Utensils II.

There should also be kept
Deer and sheep skins, rags of cotton and wool, strings and cords, beds and seats,
Vessels called bhringaras full of water,
And flatter vessels for holding spittle and evacuations, all placed ready for use,
Good beds placed upon bedsteads and overlaid with white sheets and pillows for use when sleep is needed,
And beds and carpets for lying down or sitting upon.

Charaka Sutra Chap. 15, Upakalpaniyam Adhyayam.

HOSPITALS IN ANCIENT INDIA. VIII.

Instruments.

There should also be kept articles necessary for the operations of Sneha, Sweda, Abbyanga, Pradeha (plasters), Parisheka (fomentations), Anulepa (rubbing), vomiting, purging, Astapana (application of oils) and Anuvasana (other kinds of enemata), Sirovirechana (errhines), urination, and passing of stools,
Well washed mullers and flat stones that are smooth and rough, and neither smooth nor rough, and diverse kinds of instruments, domestic and surgical.
Dhuma Netra (Smoking tubes), Vasti Netram (enema tubes), uttaravastika (vaginal irrigator), brushes and swabs, balances and weights measuring vessels and baskets

Charaka Sutra Chap. 15, Upakalpaniyam Adhyayam.

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HOSPITALS IN ANCIENT INDIA. IX

Medicines I.

Also emetics and purgatives and articles that are both emetics and purgatives, sangrahaniya (those that are astringent) Deepaniya (those that increase the appetite), pachaniya, (promote digestion), Upasamaniya (soothe the system), and those that destroy vatha, and such other things as may be needed in view of other anticipated evils and other things again that may conduce to the ease, comfort and happiness of the patient, should similarly be kept ready.

Charka Sutra Chap. 15, Upakalpaniyam Adhyayam.

HOSPITALS IN ANCIENT INDIA.

Edict Dated 1067 A. D.

BY VEERACHOLA MAHARAJA OF CHOLADESA WHO

Refers to a hospital containing 15 beds for the use of the students of the college attached to the temple of Venkateswara in the Village of Tirumakudal in Chengleput Dt.

The edict gives the names of Brahmi Rasayanam, Vasa harithaki, Dasamulaharithaki, Kalyana Lavanam, Lasunadyeranda Tailam, Bilvadi Gritham, Drava-Varthi, Sunethra Varthi and other preparations of the hospital pharmacopœia numbering twenty.

HOSPITALS IN ANCIENT INDIA.

Edict at Malakapuram, Guntur Dt.

BY GANAPATI DEV.

11th CENTURY A. D.

Refers to a grant of 20 acres of land for a maternity hospital and another 20 acres for a general hospital.

This edict gives details of the salary paid to the physician, surgeon and attendants and other expenditure incurred at the hospital.

Prasutyarogya Salabhyam
Prathyekam Putikadwyam.

———

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FEVER IN AYURVEDA.

PART I.

VATIKA FEVER

BY

A. RAMAN. (CALCUTTA).

The authors of the Ayurvedic system of medicine describe fever as the most prominent disease ever come across with, the reason being that the time of birth and death is generally indicated when the body temperature is abnormal.

"सर्व्वे प्राणभृच्च सज्वरा जायन्ते सज्वरा एव म्रियन्ते"।

(Charaka, Nidanasthanam, Chap. I.)

Etiology :— *Vatika* fever prevails generally in hilly countries due to the predominance of *Vayu* in those countries as also in other countries during the rainy season due to imperfect diet and bad sanitation. Irregular season and habits are the chief factors producing *Vatika* fever. Taking of too much quantity of food devoid of fat contents, use of cold and easily digestible food, exercise, emetine purgatives, enema with decoctions, douche, stoppage of excretions, fasting, damage of body caused by any strong fall, batting and so on, enjoyment with women, great haemorrhage or blood letting, keeping up at night, and irregular use of tempers aggravate Vayu (the prominent Dhatu) and bring in *Vatika* fever.

"रूक्ष लघु शीतव्यायाम वमन विरेचनास्थापन शिरोविरेचनातियोगवेगसन्धारणाशनाऽभिघात व्यवायोद्वेगशोक शोणिताभिषेकजागरण विषम शरीर न्यासेभ्योतिसेवितेभ्यो वायुप्रकोपमापद्यते।"

(Charaka Nidanam, Chap. I.)

General Symptoms.

Temperature rises and leaves at irregular times and its maximum and minimum with irregularity or the onset or maximum of it may be at the end of digestion or by the end of the summer season either in the morning or in the evening with synosis discoloration of the eyes and mouth; constipation; diminished quantity of urine and sweat; flying pain in different limbs and organs as cramps in cough muscles; the feeling of looseness of

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the knees as well as of other joints ; tremours of thighs ; the pain of breaking, squeezing, piercing, pressing and of pulling-down nature in sides, back, neck, shoulders, loins and chest ; some kind of sound in the ears ; pain in the oxipetal region ; sour or distate in the mouth ; dryness of the tongue, palate, trachia ; thirst ; pain in the heart ; nausea ; caugh without expectoration ; vitiated taste ; indigestion and digestion with much difficulty ; paleness ; yawning, run-down feeling ; rigour : extreme tiredness ; waving nature of the mind ; delirium ; insomnia ; standing of hairs ; some kind of painful sensation of the teeth and liking for heat.

विषमारम्भ विसर्गित्वमुष्मणो वैषम्यं तीव्रतनुभावानवस्थानानिज्वरस्य ज्वरणान्ते दिवसान्ते निशान्ते घर्म्मान्ते ज्वराभ्यागमनाभिहृद्धिर्वा ज्वरस्य, विशेषेण परुषारुणवर्णत्वं नखनयनवदन मूत्र पुरीषत्वचामत्यर्थं कृष्णीभावश्च, अरुचिविधीपमाग्लानिश्च वेदनास्तेषां तेषामङ्गावयवानाम्, जानुनोः केवलानां च सन्धीनां विश्लेषणम्, उर्व्वोः सदः, कटीपार्श्व पृष्टस्कन्धबाहूरोसां च भग्नमृदितमथित चटित पीड़ितावनुन्नत्वमिव, हन्वोश्चाप्रसिद्धिः, स्वनश्च कर्णयोः शङ्खयोर्निस्तोदः, कषायास्यताऽस्यवैरस्यं वा, मुखतालुकण्ठशोषः, पिपासा, हृदयग्रहः, शुष्कस्कृद्धिः, शुष्ककासः, क्षयमुद्गारविनिग्रहोऽन्तर सन्दाहः, प्रसेकागौचकविलाकाः, विषादजृम्भाविनामवैषम्यश्रमभ्रमप्रलाप प्रजागरणरोमहर्षदन्तहर्षास्तथोष्णाभिप्रयता, वातज्वरस्य लिङ्गानि स्युः।

(Charaka, Nidanasthanam, Chap. I.)

It is said by Bagbhata that in all diseases we may not find all the symptoms noted in the treatises.

"सर्व्वेषु रोगेषु सर्व्वाणि लक्षणानि न दृश्यन्तेप्रायाः।"

"Astanga Samgraha".

So we may not find all the symptoms noted above in every case of Vatika fever but we are to proceed according to the symptoms that are prominent ; it is needless to say that they always fall under the list of those enumerated.

The Prognosis depends upon the group of symptoms (the gravity of the disease is determined in propotion to the number of symptoms present at a time in a particular case).

"सर्व्वाणि लक्षणानि एकस्मिन पुरुषे विनाशाय।" इति भेलसंहिता।

All symptoms present in an individual case means the death of the patient.

Treatment—

The treatment varies according to different countries. We find some people administer the medicines prescribed by Rasashastra Vaidyas in different diseases, whereas others are fond of administer-

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ing the vegetable medicines prescribed by Charaka and his school, while some of the physicians are very particular in treating cases with medicines of both the systems.

Let us consider both the systems and take their medicines accordingly.

Though the general rule of treatment of fever is to allow the patient to fast, the sufferer, from the above fever, should not be allowed to fast.

ज्वरे लङ्घनमेवादावुपदिष्टमृते ज्वरात् ।
क्षयानिलभयक्रोधकामशोकश्रमोद्भवात् ॥

(Charaka, Chikitsasthanam, Chap. III).

In the acute stage of fever, the patient will have to fast (or will be kept on very low diet), but in Tuberculosis, Vatika fever, and all fevers due to fear, anger, passion, sorrow and fatigue, fasting should not be recommended.

In the acute stage of fever, treatment should be followed according to the process mentioned below :—

(*a*) Allow the patient to fast.
(*b*) Give diaphoretics,
(*c*) Wait for time, *i.e.* the time taken by the course of the disease.
(*d*) Medicated gruels.
(*e*) Prescribe bitter medicines.
(*f*) Decoction which help digestion.

लङ्घनं स्वेदनं कालो यवान्वोस्रिककोरसः ।
पाचनान्याविपक्वानां दोषाणां तरुणे ज्वरे ॥

(Charaka, Chikitsasthanam, Chap. III.)

If the patient is thirsty he should be given the following drink :

Satanga decoction.

R/

Cyperus Rotundas
Old enlandia herbacea
Andropagan muricatus
Sandal wood
Tinospera cordifolia
Dry ginger

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Take equal quantity of all the ingredients ($\frac{3}{4}$ tola each). crush them well, boil in one seer of water and reduce it to one-fourth. The decoction is to be given as drink when the patient is thirsty.

मुस्तपर्पटकोशीरचन्दनोदीच्य नागरैः ।
शृतशीतं जलं दद्यात् पिपासाज्वरशान्तये ॥

Ibid.

According to Ayurvedic Acharyyas, medicines are not administered in the acute stage of fever. The treatment begins only after the acute stage is over—after seven days of onset.

Kiratadi decoction.

किराताब्दासृतोदीच्य बृहतीद्वयगोक्षुरैः ।
स्वस्थिरा कलसी विश्वैः क्वाथवात ज्वरापहः ॥

R/

Plant Agathotes Chirayta
Cyperus Rotundus
Tinospora Cordifolia
Pavonia Odorata
Solanum Indicum (two varieties)
Tribulous Terrestris
Desmodium gangaticum
Hemionitis Cordifolia
Dry ginger

Weight $\frac{3}{16}$ tolas each, boiled in one seer of water, reduced to one fourth and then to be administered twice daily with or without medicine, morning and evening. This decoction is meant for Vatika fiver.

Dashamula decoction.

R/

Aragle Marmelos—
Oroxyalum Indicum—
Gruelina Arboria
Clorodrudron Phlomocles
Vigmonia Suarilenus
Dismodium Gangaticum
Hemionitis Cordifolia
Solanum Indicum
Solanum Janthocarpum
Tribulous Terrestris

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Take ½ tola of each, crush them and boil them in one seer of water. Reduce it to one-fourth and administer the decoction twice daily, morning and evening.

विल्वशोनाकगाम्भारी पाटलागणिकारिका।
शालपर्णी पृश्निपर्णी बृहतीद्वय गोक्षुरम्॥

(Bhaishayya Ratnavali).

According the symptoms, medicines must be changed, hence some metallic preparations are in vogue at the present time in addition to vegetable remedies. In Vatika fever, the following are prescribed :—

Hinguleswar Rasa.

R/

Cinnabar
Aconite
Mercury
Long Peper

Equal quantity of each. Rub them together and make pills, four grains each, to be administered after pasting with honey.

Mrityunjaya Rasa.

R/

Cinnabar—2 parts
Corrected Aconite
Sulphur
Black peper
Long peper
Borax
} each, one part.

Fiat pulv and then make paste, well-rubbed with water for days together. When sufficiently dry, make pills, 2 grains each, to be administered according to directions.

These medicines are administered generally with the juice of betel leaves and pasted with honey. For immidiate relief the metallic preparations may be administered with the vegetable decoctions, already mentioned, as vehicles.

There are many other Rasas and decoctions prescribrd for this particular disease, but the above mentioned medicines are sufficient for our purpose.

(To be Continued,)

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CASE REPORTS.

A Case of Choleric Diarrhœa treated according to Ayurveda.

BY

BRAJENDRA NATH CHATTERJEE, KAVIBHUSAN,

SINDRANI, JOSSORE.

[The following case report sent by one of our constituents shows the effect of Ayurvedic preparations in the treatment of bowel Complaints. We all know the medicinal value of the medications used but the worth of the report lies in expounding the formulæ of the medicines, though they are Shastric. It is just to encourage such attempts as also for the benefit of those who wish to learn practical portion of treatment and preparation of medicines that we publish the report and we trust our constituents will not fail to send in future such reports.—H. N. C.]

Ramanath, Hindu, Male, 45, got a severe attack of diarrhœa at night on May 9, 1927. I was called in to see him at 10 in the following morning and was informed that the patient had been attacked by cholera and was in a precarious condition. On reaching the place I found the patient spent up and prostrate, passing stools involuntarily with occasional vomiting. I suspected it to be a case of cholera but later examination proved it to be a case of severe diarrhœa.

History :—The patient took his usual meal consisting of rice, pulse and curry. At about 10 p. m. he was suddenly attacked with severe pain in the abdomen and began to pass watery motions and had about 30 motions during the night, with occasional vomiting. When I saw the patient next morning the pain in the stomach was almost absent but other symptoms were equally prominent. The pulse was very weak, almost imperceptible at the wrist. On palpation of the abdomen, it was found that there was some tympanitis. The stool was watery, almost colourless and had a very offensive smell but there was no blood present. Vomited matter was bile-stained.

Diagnosis.

As there were no symptoms of Asiatic Cholera such as rice-water stool, cramps, fishish smell in the stool, etc., Cholera was

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excluded. The pulse as also the symptoms indicated choleraic diarrhœa with *Vayu* and *Pitta* deranged.

Treatment:—

(*a*) DIET—The patient was given only water on the first day.

(*b*) MEDICINE—one dose of *Vaskara Lavana* was given at once with a little warm water: but as there was no effect, *Shankha Vati* was prescribed with camphor water, thrice, every two hours. It had some effect and the motions became less frequent. At about 4 p. m. the patient complained of abdominal pain once again. The medicine was then changed to *Nripati Ballabha* with rice water as vehicle. There were no more motions after two doses of this medicine we e administered every three hours and the patient was completely cured.

(I) Recipes of *Vashkara Labana* (भास्कर लवण)

Long pepper	4 tolas
Roots of Long pepper	,,
Coriander Seeds	,,
Nigela Sativa	,,
Rock salt	,,
Beet salt	,,
The Leaf of Lourus Cassia	,,
Pinus Webbiana	,,
Mesuaferrea	,,
Sochal Salt	10 ,,
Black pepper	2 ,,
Cumin Seed	,,
Dry ginger	,,
Cinamon	1 tola
Cardamum	,,
Salt	16 ,,
Bark of sour Pomegranate	8 ,,
Country Sorrel	4 ,,

Crush all the above together to powder; dose from $\frac{1}{8}$th to $\frac{1}{4}$th tola.

(II) Recipes of *Mahashankha Bati* (महाशङ्ख वटी)

Reduced conch shell
Beet Salt
Rock Salt
Salt
Sea Salt

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Vegetable Salt
Reduced Tamarind Bark
Dry Ginger
Long pepper
Black pepper
Assafoetida
Aconite
Mercury
Sulphur

Equal parts of each of all the vegetables powdered and mixed with the sulphite of mercury. Dry the Compound after mixing with the decoction of Achyranthis Aspera, Root of Plumbago Zeylonica and juice of Lemon, specially in the decoction of pungent group, in such a way that the whole compound becomes pungent. Dose, 4 grains. This preparation is *Shankha Bati* and when mixed with reduced Iron and Tin of equal parts, the preparation becomes *Mahashankha Bati*.

(III) Recipes of *Sri Nripati Ballava* (श्रीनृपतिवल्लभ)

Nut-Meg
Cloves
Mariscus Cyprus
Cardamum
Cinamon
Borax
Assafœtida
Cumin Seed
Leaf of Lourus Cassia
Ajava Seeds
Dry Ginger
Rock salt
Reduced Iron
Reduced Mica
Mercury
Sulphur
Reduced Copper.

Each 2 tolas and Black pepper 4 tolas.

Paste them with goat's milk or with the juice of Emblica Officinalis and make pills, $\frac{1}{16}$ tola each ; to be taken as directed.

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Reports of Socities etc.

—c—

REPORT OF THE COMMITTEE ON THE INDIGENOUS SYSTEMS OF MEDICINE, CEYLON.

(Continued from our last issue).

Although the majority of this Committee have refrained from expressing any dogmatic opinion as to whether the indigenous systems of medicine are scientific, they recognize that at least the art has been spoken of in terms of high praise by those who are competent to judge. Sir Pardey Lukis who was recently Director-General of the Medical Services for the whole of India said :

"I wish to impress upon you most strongly that you should not run away with the idea that everything that is good in the way of medicine is contained within the ringed fence of allopathy or Western medicine. The longer I remain in India and the more I see of the country and the people, the more convinced I am that many of the empirical methods of treatment adopted by the Vaids and Hakims are of the greatest value, and there is no doubt whatever that their ancestors knew ages ago many things which are nowadays being brought forward as new discoveries. For instance, during the last few years, there has been a considerable amount of talk about what is known as depurating, that is to say, the depriving of the system of salt. This arose from certain experiments carried out by Widal and Javal, as a result of which it is recognized that in all cases of dropsy the greatest benefit can be obtained by restricting your patients to an entirely salt-free dietary."

On another occasion Sir Pardey Lukis said :

"We are ourselves just emerging from the slough of empiricism. Until a few years ago we believed malaria to be due to foul air as its name implies . . . . Personally if I were ill I may frankly say that I would prefer to be treated by a good Vaid or Hakim rather than by a bad doctor. I resent strongly that spirit of Medical Trades Union which leads many modern doctors to stigmatise all Vaids and Hakims as quacks and charlatans . . . . Many of the so-called discoveries of recent years are merely rediscoveries of the facts known centuries ago to the ancients."

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Sir Havelock Charles, when prefessor of the Calcutta Medical College often used to say to his pupils: "I am only repeating to you what the Aryan medical science preached two thousand years ago and am reproduciug to you only a small fragment of the lesson taught by Charaka."

The "Sadler Commission" *re* the Calcutta University said: "This ancient system possesses an imposing treasure of empirical knowledge and technical achievement which cannot be safely ignored even in these days of rapid progress."

Colonel Maclaren of the Indian Medical Service said addressing Vaids and Hakims in Allahabad: "I know that you can diagnose and treat all diseases, and that your treatment of such diseases as asthma, ascites, insanity, diseases of the brain, spine, and generative complaints is very successful under the climatic conditions of the country and the habits of the people."

What Colonel Maclaren said of the Indian practitioners may be said of the Hakims, Vederalas, and Vaithyars of Ceylon. As an art, medicine had so far advanced when the Portuguese came to Ceylon that they did not hesitate to patronize the local practitioners. The Dutch were equally impressed with the skill of these practitioners. Baldaeus says: "Ceylon is sufficiently provided with medicinal herbs and they cure all their distempers with green herbs, in the use whereof their physicians are better versed than many of our pretending surgeons—God Almighty having provided remedies suitable to the distempers of each country." More recently Mr. Denham in his Census Report for 1911 bore testimony to the skill of the Vederalas in these terms: "There has been considerable controversy as to the merits and methods of Vederalas It can however scarcely be disputed that amongst them there are men of considerable knowledge, experience, and skill, while many of their remedies have been proved to be wonderfully efficacious . . . . Many Vederalas have undoubtedly performed successful operations as occulists and as bone-setters; while their treatment of dysentery and certain bowel diseases, abrasions, sores, and even snake-bites have been in many cases successful."

That the knowledge regarding the numerous drugs and remedies in use in the indigenous systems was gained for the most part empirically is probable. But the same might be said of very many remedies and drugs in use in Western medicine

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as well. Modern science attempts to discover or rediscover reasons for medical practices which have been in vogue for centuries.

VIII.—Proportion of Persons resorting to Ayurvedic Treatment.

It was urged before us by some doctors in Government service that the number of persons who resort to Western treatment is increasing and is already very large and that therefore it is not necessary to do anything to prop up the indigenous systems of medicine by giving any training to those who seek to practise it. They believe that the indigenous systems will soon die out, and that it would be for the good of the country if "scientific medicine" took the place of this quackery.

The report of the Principal Civil Medical Officer for 1924 shows that 176,787 in-patients were treated in the various Government hospitals and 2,497,122 out-patients were treated in the various Government dispensaries. It was urged that this showed that the number of persons who sought medical relief from Ayurvedic practitioners was small. Dr. Hewavitarne, M.D. (Lond.), and Dr. M. M. Kumaraswamy, F.R.C.S. (Eng.), whose attention was invited to these figures were of opinion that nearly 75 per cent. of cases of illness were treated by Ayurvedic practitioners, and the independent estimate of the majority of the Committee is the same. The majority of the Committee think that it is probable that each person on the average seeks medical aid two or three times in the course of a year. A large percentage of those resorting to Government dispensaries for medical aid, are persons suffering from malaria for which it is generally recognized even by ignorant villagers that quinine is a sovereign remedy. The extent to which malaria prevails in this country may be estimated from the fact that in 1924 Government issued free for preventive and curative purposes quinine to the value of Rs. 3,03,050.

In passing it might be noted that this South American drug which is distributed by vaccinators and headmen (in addition to apothecaries) cannot owing to the penal provisions of Ordinance No. 2 of 1905 be prescribed by Ayurvedic practitioners, some of the less conservative of whom are in the habit of directing their malarial patients to dispensaries to undergo a course of quinine treatment.

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Those who hope that the indigenous systems will die out with the spread of allopathic hospitals and dispensaries appear to be doomed to disappointment. It is popularly believed that certain illnesses are more successfully treated according to Ayurveda than according to Allopathy. Dr. Paul, M.D., F.R.C.S., Senior Surgeon of the General Hospital, Colombo, admitted in his evidence* before the Committee that men of the highest education and position resort to native treatment in the case of fractures and carbuncles. The statement made by Dr. G. Sen of Calcutta to the Madras Committee gives an idea of the great esteem in which even the rich and educated classes of India hold the indigenous systems of medicine. He said : "Not only in Calcutta but all over India learned Ayurvedic physicians stand out fully as the peers of their Western colleagues, earning Rs. 500 to Rs. 1,000 per diem when their services are engaged by the ruling princes and nobility in India . . . . Western-trained medical men very often request the services of their Ayurvedic colleagues in chronic intractable cases, not only among their patients, but also among their own family members . . . . I find in my own practice that I daily have to attend difficult cases in the houses of at least two or three allopathic doctors of Calcutta."

Dr. Lionel de Silva, the Secretary of the British Medical Association, Ceylon Branch, who went to India to study the new movement in India *re* the indigenous systems stated that there were several practitioners in Calcutta who combined both Eastern and Western systems of medicine, and that they were credited with charging Rs. 63 for a visit and Rs. 31.50 for a consultation in their rooms, and that one or two of them were reported to be enjoying an income of Rs. 15,000 to Rs. 20,000 per mensem.

Mr. C. Muttukumaru, Ayurvedic physician of Jaffna, stated in his evidence that he often came from Jaffna to Colombo to attend on patients. It appears from the report of the Foster-Robinson Free Hospital and Dispensary that the number treated

* It might be useful to give here verbatim the question and answer with reference to this point in view of the other extracts from Dr. Paul's evidence embodied in the appendix to the minority report :—

The Chairman : Is it not the fact that men of the highest education and position resort to native treatment in the case of fractures and carbuncles ?

Dr. Paul : Yes. There is such a feeling in favour of the native system of medicine.

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compared favourably with the number treated at the out-door dispensary of the General Hospital which is about ½ of a mile from it.

It might be useful to note that in the Tung Wah Hospital in Hong Kong where there are out-door dispensaries both for Chinese and European treatment, 1,97,736 persons were treated in the dispensaries in 1924, and of this number only 48,140 or 24 per cent. chose European treatment.

IX.—The Need for Government Assistance.

His Excellency Sir Hugh Clifford when Colonial Secretary speaking on the Opium Ordinance, said that "a very large percentage of population of the Colony *attached the greatest importance* and *reposed the highest confidence* in native medical treatment." When so large a number of persons either from choice or necessity have recourse to native treatment it becomes the duty of Government to see that those who practise the indigenous systems are not quacks. Quackery, it has been truly remarked, is the pretentious ignorance of the system professed and not the practice of any particular system itself. Government has done something to eliminate the quack form those professing the allopathic system. Nothing has been done to protect the public against the quacks professing the indigenous systems. At present many persons who have got hold of a few recipes but without adequate training and experience are going about practising the indigenous systems. The danger to the public from these unqualified persons cannot be exaggerated.

X.—Steps taken in India.

In many parts of India steps are being taken to train persons intending to practise the indigenous systems of medicine. The information noted below is taken from the replies sent by the Provincial Governments to the Government of India in response to a circular letter sent in January last.

Madras (Extract from Reply dated February 16, 1926).

"A school of Indian medicine was opened in Madras by this Government in January, 1925. It consists of three sections corresponding to the three systems of Indian medicine practised in the Presidency, *viz.*, the Ayurvedic, the Siddha, and the Unani. The course of instruction lasts for four years. The curriculum

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provides for the training of the students not only in the Indian systems of medicine but also in such subjects as modern Anatomy, physiolygy, and all branches of surgery, including midwifery and ophthalmology.

"The accommodation provided in the school includes a library, a museum, and a herbarium in addition to the usual class-rooms, office, &c. The school is at present located in a rented building, but it is proposed to provide more spacious accommodation for it during 1926-27, and to attach to it a dispensary and an in-patient hospital so that facilities may be available for the clinical training of students."

Burma (*Summary of Reply dated February 22 1926*).

The Government of Burma replied that Ayurveda and Unani were not indigenous systems of medicine and that they were considering the question of establishing an institution similar to the Madras College of Indian Medicine for the training of the indigenous practitioners known as *Se Sayas*. They had, in the meanwhile, sanctioned a scheme costing Rs. 8,000 per annum by which 16 *Se Sayas* were to be trained annually with the idea of equipping them with a knowledge of anatomy and physiology.

Bihar and Orissa (*Extract from Reply dated March 13, 1926*).

"Ayurveda is taught as a literary subject only in Government Sanskrit Colleges without provision for practical work. Government, at the instance of the Legislative Council, is considering the opening of an Ayurvedic and Tibbi College to teach indigenous systems of medicine, together with elementary instruction in anatomy and surgery. A few Ayurvedic and Tibbi dispensaries have been opened with Government's permission in certain rural areas of the Province where other forms of medical assistance are not available."

Bengal (*Extract from Reply dated March 13, 1926*).

"A Committee was appointed to consider and report what practical steps can be taken for the restoration and development of the Ayurvedic system of treatment. The Committee has since submitted its report which is under the consideration of this Government.

"The only other step that has been taken in this direction is to amend the rules for the management of dispensaries whereby local bodies have been authorized to establish hospitals and

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dispensaries which follow other than the allopathic system of medicine. A few District Boards have taken advantage of this change to establish Ayurvedic dispensaries."

United Provinces (Extract from Reply dated March 4, 1926).

"This Government have for some years given a recurring grant in-aid of Rs. 5,000 per annum to the Ayurvedic College, Hardwar, and in 1921 they gave non-recurring grant of Rs. 50,000 to this institution. They have also been distributing sums amounting to Rs. 30,000 in the past, and to Rs. 50,000 in the current financial year to Unani and Ayurvedic institutions, some of which probably impart instruction.

"In 1925 they appointed a Committee to advise them regarding the Unani and Ayurvedic systems. The Committee's report which has not yet been fully examined recommends that there should be in the Province one State-aided Ayurvedic College and one State-aided Ayurvedic school."

It would appear from the following telegram which appeared in the Ceylon papers that the government of the United Provinces has adopted the recommendation of the Committee :—

The Government of the United Provinces have, on the recommendation of the Ayurvedic and Unani Committee, presided over by the Hon. Mr. Justice Gokarnnath Misra, Judge, Chief Court, Oudh, decided to establish a state-aided Ayurvedic school at Hardwar and a state-aided Unani school at Lucknow and also contemplate the starting of a state-aided Ayurvedic College in the Benares Hindu University and a state-aided Unani College in the Aligarh Muslim University. The last matter, however, is still under consideration and correspondence is going on. Rs. 50,000 have been, on the recommendation of the Committee, allotted for distribution of grants-in-aid to indigenous institutions and dispensaries.

The Government have also decided on the Committee's report to establish a Board of Indian Medicine consisting of 18 members with the Hon. Mr. Justice Gokarnnath Misra as Chairman. The functions of the Board of Indian Medicine are to advise the Government on all matters connected with the organization and development of Ayurvedic and Unani systems, to prescribe courses of study for examinations, appoint examiners and conduct all examinations under Indian systems of medicines, confer certificates, diplomas and degrees, register medical practitioners, and to distribute grants placed by the Government at the disposal of the Board.

Punjab (Extract from Reply dated March 2, 1926).

"There is at present no intention of opening new schools for either the Unani or the Ayurvedic systems of medicine, as there is already an Unani Class at the Islamia College of Lahore, and

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a Vaidic Class at the D. A. V. College of Lahore, both of which institutions receive grants-in-aid from the Punjab University. It is also open to local bodies to grant scholarships to Matriculates to undertake a course of study at the Tibbi and Vaidic College at Delhi. It will thus appear that the policy of this Government is to encourage both the Unani and the Ayurvedic systems of medicine by placing them on a scientific basis."

Bombay (Extract from Reply dated February 9, 1926).

"In June, 1925, the Surgeon-General with the Government of Bombay, submitted a scheme for the opening of a combined Ayurvedic and Unani Hospital working in conjunction with the Bombay Bacteriological Laboratory (now Haffkine Institute), Bombay. There were, however, several difficulties with regard to this scheme, the chief one being the proposed close association of registered medical men with practitioners of Unani and Ayurvedic medicine, which it was anticipated would not be countenanced by the General and the Bombay Medical Councils. It was ultimately decided that it was not desirable that the Parel Laboratory should be made the nucleus of an Ayurvedic and Unani College. The Surgeon-General has, however, been requested to submit an alternative scheme, which is being prepared by the Director of the Laboratory, under which a small hospital would be established in connection with the laboratory where patients could be treated with such indigenous drugs as were after investigation found likely to be useful. The receipt of the latter scheme is awaited. A scheme for the grant of subsidies to private medical practitioners with a view to inducing them to settle down in rural areas is also under the consideration of this Government."

The Government of Madras has established a Government College of Indian Medicine. In the United Provinces and in the Punjab, grants are paid to privately established colleges. In Bihar and Orissa, Ayurveda is taught as a literary subject in the Government Sanskrit College. In Burma, Bengal, and Bombay the Government have neither established colleges nor is any grant paid to privately established colleges. The Government of Burma is taking steps, however, to train indigenous practitioners with the idea of equipping them with a knowledge of anatomy and physiology.

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Hong Kong.

The Commlttee are indebted to His Excellency Sir Cecil Clementi, Governor of Hong Kong, for having obtained for the Committee a special report from Mr. Hallifax, the Secretary for Chinese Affairs on the Tung Wah Hospital. The following is an extract from the report of Mr. Hallifax, dated June 9, 1926 :—

"The Tung Wah Hospital was established in 1870 (*vide* Ordinance No. 1 of 1870) by Chinese public subscriptions aided by a grant of Crown land and 15,000 dollars, to treat Chinese by Chinese methods. Close Western supervision was introduced about 1896 (in the face of serious opposition) and now both Eastern and Western methods are practised. There is a resident Western-trained Chinese doctor whose duty it is to see all cases brought in. Apart from police cases and notifiable diseases (which it is his duty to see are properly dealt with) all other patients can choose their treatment for themselves—Eastern or Western. General hygiene under both systems is the Western-trained doctor's affairs."

XI.—Recommendations.

The Committee make the following recommendations :—

I. That a Board of Indigenous Medicine be constituted to deal with all matters connected with the education of those seeking to qualify themselves as practitioners of the indigenous systems of medicine.

II. That the number of members of the Board be 15 and that the Controller of Revenue be the Chairman. Ten members, six of whom shall be members of the Legislative Council, shall be nominated by Government and the remaining five shall be persons practising the indigenous systems nominated by the above-mentioned ten members.

III. That a college be established in Colombo for the training of those who seek to practise the indigenous systems or any of them.

IV. That a hospital and out-door dispensary be attached to the college, and that adequate provision be made for growing plants used in the indigenous system.

V. That the course of instruction at the college be for a period of four years.

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VI. That the course of instruction be according to the syllabus prescribed in Schedule I.

VII. That during the last two years of the course, lectures in Sidda and Unani methods of treatment and pharmacology be delivered to such students as may desire instruction in these subjects.

VIII. That students be required to attend the hospital, dispensary, and pharmacy during the last three years of their course of studies.

IX. That privately established schools which in the opinion of the Board of Indigenous Medicine are properly conducted be paid a grant of Rs. 50 for each student who passes the first, Rs. 100 for the second, and Rs. 150 for the final examination held by the Board for this purpose.

The syllabus of studies at the privately managed schools should be approved by the Board.

X. That for the present till the college proposed in Recommendation III is established, 12 scholarships each of the value of Rs. 360 per annum be granted by Government to enable students to proceed to some of the Schools of Indigenous Medicine established in India.

XI. That a register should be kept of all persons qualified to practise the indigenous systems of medicine.

XII. That no person who is not so registered be permitted to practise medicine as a profession whether for gain or otherwise after seven years from the day specified for registration.

XIII. That all persons who have been practising the indigenous systems for a period of not less than three years on a date to be notified should have the right to be registered.

XIV. That after a specified date no person should be registered unless he has passed an examination prescribed by the Board of Indigenous Medicine, or is a person trained by a specialist of repute and is in the opinion of the Board qualified to practise as a specialist.

XV. That a Research Institute be established in connection with the Government Analyst's Department, and every facility be given to those desirous of doing research work in the institute.

XVI. That two scholarships each of the value of Rs. 125 per mensem for three years be given to graduates in Western medicine to study the Ayurvedic systems in India and after that with some of the physicians of great repute in this country.

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XVII. That one scholarship of the value of Rs. 300 per mensem for two years be given to one graduate in Western medicine to study research work in indigenous drugs at the School of Tropical Medicine, Calcutta.

Note on Recommendations.

The cost of the proposed College is estimated at about Rs. 18,000 per annum.

	Rs.
Salary of Principal	7,200
Lecturer in Anatomy, Physiology, &c.	4,000
1 Lecturer	2,000
3 Assistant Lecturers at Rs. 600	1,800
Clerical staff and other assistance	1,000
Rent	2,000

The Assistant Lecturers are not to be full time officers. The lecturers are to be permitted private practice after school hours.

The hospital will have to be built, as it is not likely that suitable buildings can be rented for the purpose. A hospital with 120 beds will relieve the congestion at the General Hospital, as it is probable that for certain ailments at least the *poorer classes* will choose to enter the Ayurvedic Hospital.

In the Tung Wah Hospital at Hong Kong about half the in-patients seek European treatment and the other half seek Chinese treatment.

The out-door dispensary can be established in a rented building near the college. There need be no delay in establishingthe college by reason of the want of the hospital as it is not necessary that attendance of students at the hospital would become really necessary till after the second year.

The cost per patient at a free Ayurvedic dispensary and hospital may be estimated to be about one-half of the cost at similar institutions now run by Government.

It is probable that following the good example of doctors in England some of the leading Ayurvedists may desire to be associated with the Ayurvedic hospital and dispensary as honorary visiting physicians. If such a system were to be introduced there would be further reduction in cost.

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Syllabus.

The Syllabus of Studies in Schedule I. has been prepared in consultation with Messrs R. R. Undugodage, Sarnelis Silva, and M. S. Perera Samarasinghe.

Schedule II. has been suggested by Mr. C. Muthukumaru for Tamil students.

Objection is raised by some doctors to the inclusion of an elementary course in science, physiology, hygiene, and anatomy in the curriculum. They express the view that modern science and the system of medicine which will be taught in the school cannot be reconciled, and that nothing but confusion will result trom the mixture of modern science and the indigenous systems. Doctors Hewavitarne and Kumaraswamy urge that an elementary course in modern science will do good to the students. All the Ayurvedic physicians examined by the Committee agree that the teaching of elementary science, including an elementary course in physiology, anatomy, and b otany will be useful. In all Ayurvedic and Unani schools in India an elementary course in modern science is prescribed.

There is no reason for withholding from the students in the proposed College the discoveries of modern science and for confining them to the study of books written about 15 to 20 centuries ago. There is also no justification for not permitting students to learn to use some of the modern scientific instruments (like the thermometer, stethescope, catheter) used by Western medical practitioners in the diagnosis and treatment of diseases. There have been prosecutions under the Medical Ordinance, No. 2 of 1905, of Ayurvedists for using some of these instruments in their practice. The attempt to appropriate modern scientific inventions and discoveries as the exclusive property of Western medicine is all the more inexplicable as many of these are the result of the labours of those who did not belong to the medical profession. The comments on the proceedings of a recent meeting of the British Medical Association held at Nottingham quoted in the Science columus of the "Times of Ceylon," Sunday Edition, September 19, 1926, are apposite in this connection: "the greatest discoveries and inventions in medicine and surgery are due to unqualified amateurs whose discoveries were bitterly resented and opposed by the orthodox practitioners. . . .

"Modern medicine and surgery are based upon the fundamental discoveries of Pasteur. Pasteur was a chemist, who started

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by studying the formation of crystals and the silk-worm disease, and in the course of his investigation he discovered the microbic origin of most diseases.

"As he was "only a chemist" he was bidden to stick to his own job, and he lived in poverty in a garret. Yet Pasteur's discovery has revolutionized both medicine and surgery.

"Pasteur's successor at the institute which bears Pasteur's name, Metchnikoff, another chemist, discovered that the white blood corpuscle eats up disease germs entering the body, and he vastly advanced medical knowledge and surgical practice.

"Three hundred years ago Galileo, an Italian astronomer, invented instruments for measuring the temperature of the body and for counting the pulse. However, Galillo was "only an astronomer." His wonderful medical discoveries were disregarded and laughed at by the medical profession for two centuries.

"An English mathematician, Babbage, discovered the ophthalmoscope, wherewith the oculist studies the internal eye. A singer, Manuel de Garcia, discovered the laryngoscope, by means of which the physician inspects and treats the throat, the vocal cords, and the portions beyond.

"In view of the tremendous debt which medicine and surgery owe to amateurs, it may surely be expected that medical men and medical organizations will at last abandon the spirit of narrow jealousy and of rigid trade unionism and give a fair hearing to those who try to benefiit mankind and incidentally the medical practitioners as well."

Surgery and Midwifery.—The course in surgery is not intended to train students for performing any of the major operations. It is proposed to give them a training which will enable them to render first-aid and to treat such cases as boils, abscesses, fractures, dislocations, and wounds which Ayurvedists successfully treat even now. The course in midwifery is not intended to enable the student to do more than give such relief as may be possible without resort to surgery or the use of instrument. The Committee are conscious of the fact that very great advance has been made in surgery within the last 70 years. Instructions contained in books on surgery written 1,000 or 2,000 years ago cannot be of much use to-day. Those who desire to qualify themselves to be surgeons should seek training in a properly equipped Medical College teaching "Western medicine."

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Registration.

It is not proposed that by the mere fact of registration persons practising the indigenous systems should get the same privileges as medical practitioners registered under Ordinance No. 2 of 1905 or any privileges whatsoever which they do not have now. Failure to register should operate as a bar to the practice of medicine after the date to be specified.

Research Institute.

The Committee attach great importance to research work being done by those who have a fair knowledge of the indigenous systems pf medicine. The value of a drug cannot often be tested in the laboratory. It can be tested more satisfactorily on patients. Besides it is not a single drug that is often administered as a medicine. It is the medicine as prepared according to the methods prescribed in Ayurvedic medical books that has to be tested. It is also necessary that methods of treatment and diet prescribed by the Ayurvedists should be followed, if good results are to be obtained and the medicines are to be adequately tested. Not much can be gained by tests with isolated drugs. Diet is all important in Hindu medicine. The tests can be more satisfactorily made in an Ayurvedic hospital by a research student who knows both systems of medicine. For this reason it is necessary that the Ayurvedic Hospital should be situated in close proximity to the Research Institute to be established in connection with the Government Analyst's Department.

Recommendations XVI. are similar to those adopted by the Government of the Central Provinces in India—(*Vide* letter from the Financial Secretary, Central Provinces, to the Government of India.

K. BALASINGHAM,
Chairman.
E. R. TAMBIMUTTU.*
C. W. W. KANNANGARA.
T. B. JAYAH.
F. A. OBEYESEKERE.
S. RAJARATNAM.*
W. A. DE SILVA.*
P. B. RAMBUKWELLE.
GEORGE PHOEBUS, *Secretary.*

Colombo, October 13, 1926.

* Subject to rider.

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RIDER BY THE HON. MR. W. A. DE SILVA AND THE HON. MR. TAMBIMUTTU.

We do not agree with recommendation XII. on page 7 of the report, viz. :—

> "That no person who is not so registered be permitted to practise medicine as a profession whether for gain or otherwise after seven years from the day specified for registration."

If such a law comes into operation it will lead to much confusion and practically every village inhabitant will become liable to prosecution for a breach of the law. Almost every householder in this country keeps a stock of home remedies which he gives whenever occasion arises to the members of his family and to outsiders who need it, generally free of cost and sometimes on a charge to cover expenses. Oils, pills, medicaments, simple harbal decoctions come under this category.

In England there is medical regisration, but no one is liable to a prosecution for practising medicine. The Ceylon Medical Registration Ordinance, No. 2 of 1905 was framed to enable the registration of those practising Western medicine. It wss framed avowedly on lines similar to those in England, but unfortunately the Ceylon Ordinance has gone a little further and has introduced a penal clause—Section 19—whereby practice of Western medicine for gain by an unregistered practitioner is made an offence.

The time is now ripe for repealing this caluse in the Medical Registration Ordinance and not for extending it to Ayurvedic medicine and create confusion and impose unnecessary restrictions on the people and increase interference with their every day life.

No country in the world will countenance a law as proposed in the recemendation XII. referred to.

W. A. DE SILVA.
E. B. TAMBIMUTTU.

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RIDER BY THE HON. MR. S. RAJARATNAM.

I share with the Hon. M. Silva and the Hon. Mr. Tambimuttu the view that recommendation No. XII. goes too far. I think it would be sufficient if the practice of medicine (Ayurveda) *as a profession for gain* is prohibited. The words "or otherwise" in the recommendation No. XII. are likely to lead to vexatious prosecutions.

The members of the Committee are of opinion that it would be going beyond the terms of reference to discuss the desirability of giving grants to well conducted Ayurvedic hospitals and dispensaries. I am sutisfied that the existence of State-aided hospitals and dispensaries conducted by Ayurvedists of repute will be the best means of training those seeking to gain proficiency in the practise of Ayurveda after they have graduated in the Ayurvedic College. I recommend that for the present a sum of Rs. 20,000 be set apart annually for grants to well-conducted hospitals and dispensaries. Similar grants are given in India.

The members of the Committee who sign the minority report appear to me to be inconsistent when they stoutly oppose the teaching of modern science to students of Ayurveda and at the same time complain that the elementary course in science prescribed in the syllabus is inadequate. The syllabus in Anatomy, Physiology, Hygiene. and Elementary Science and Botany is intended to be of the standard prescribed for the Apothecaries in the Medical College. Every member of the Committee (except those who are alarmed at the prospect of Ayurvedic students being taught totally incompatible sciences) will be glad if even a higher standard is fixed.

S. RAJARATNAM

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Reviews and Notices of Books, etc.

Indian Materia Medica.—By K. M. Nadkarni, F. S. Sc. L. A. (Lond.), M. C. S. (Paris), Author of Indian Plants and Drugs, Essentials of Modern Teatment of Diseases, 'Practitioner's Clinical Referee' and formerly Editor of the 'Doctor's Magazine and Associate Editor of the "Indian Medico-Chirurgical Review", etc. Published by K. M. Nadkarni, P. O. Box. 3558, Bombay 4. Pages 1450. Flexoid leather cloth bound. Price Rs. 11-net.

This is undoubtedly the greatest work on Indian Materia Medica and a valuable contribution to the medical literature. It contains a marvellous amount of reliable and up-to-date information, which shows ample evidence of considerable labour and research. It contains in fact everything that is known about the indigenous Indian drugs used by the medical practitioners, Kavirajes, Vaids and Hakims.

The arrangement of the book is very practical and is well constructed for ready reference. In the introduction the Tridosha theory of Ayurveda has been explained to give an idea of the fundamental principles of Ayurvedic System of Medicine

The Materia Medica portion is divided into three parts viz., Part I :—Vegetable Kingdom ; Part II :—Mineral Kingdom ; and Part III :—Animal Kingdom. All drugs throughout have been treated alphabetically for quick reference.

Each drug is again treated under the following headings :— (*a*) Botanical names ; (*b*) Genus or Natural Order ; (*c*) Synonyms in Sanskrit and all the principal Indian vernaculars, and also in English, French, German, Burmese, Chingalese, Parsian, Arabic, etc., etc. ; (*d*) Habitat or Sources ; (*e*) Parts used in medicine ; (*f*) Chemical composition of Constituents ; (*g*) Physiological and Therapeutic actions ; (*h*) Variety of Medical Preparations with their doses ; (*i*) all Medical Uses ; (*j*) Models of useful Prescriptions and Formulæ of numerous Ayurvedic, Unani, Sidha and Home Remedies which have been tested and found very efficacious by experienced and eminent Practitioners, etc The following Appendices and Indexes have increased the value of the work. — (1) Drugs according to their Therapeutic and Physiological Actions ; (2) Drugs and their Specific Uses in Diseases ; (3) Indian Substitutes for imported Foreign Drugs ; (4) Approximate percentage, Composition and Calories in

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Foods and Dietetic Articles ; (5) Vitamins in Foods and Dietetic Articles ; (6) Principal Forms of Ayurvedic medication and Methods of their preparations ; (7) Therapeutic Agents with their Definitions ; (8) Important Genera or Natural Orders, their English equivalents, distinguishing characters and typical examples ; (9) Index of Indian Preparations ; (10) Index of Diseases (with Sanskrit equivalents) and their Remedies ; (11) General Index of Synonyms, Alkaloids, etc.

The present work is a great improvement on the old 'Indian Plants and Drugs' by the author and is also sure to attain popularity which it so well deserves. 'The Indian Plants and Drugs' was recommended as a text book on Indian Drugs for the M. B. Examination of the Allahabad and Lucknow Universities and was ordered to be kept in every Hospital and Dispensary in India We hope that all the Indian Universities will follow the example of Allahabad and Lucknow. It is a matter of regret that the students of our Universities are not taught anything about this numerous indigenougs drugs, and it is time that this defect is rectified.

To awaken an interest among the Medical students of the Western System in the indigenous drugs and remedies, the author has set apart 101 copies out of this edition for presentation to those who top the list of successful students in the examination in the Materia Medica subject in the various Medical Colleges and Schools in India. This concession is limited to students belonging to Medical Colleges and Schools affiliated to any of the Universities in India, Burma and Ceylon. Such students should apply through their respective Principals or Professors for these copies, and the Principals or Professors attesting these applications will be entitled to receive a copy of the "Indian Materia Medica" at half the present published price of Rs. 11/- *i.e.* for Rs. 5 8-0 only per copy, post-free. We hope the students will take advantage of this offer.

We have nothing but praise for this work and recommend it to our readers and have no hesitation to say that it has been the best of its kind, though the price is so low.

Infantile Liver (in Bengali) By Santosh Kumar Mukherji, M. B. Editor, Indian Medical Record. Published by Dr. D. N. Haldar, Editor of the Chikitsa Prakash, 197, Bowbazar Street, Calcutta. Price Rs. 2 only.

The work under review is the Bengali edition of the author's English book on 'Infantile Cirrhosis of the Liver', which does not

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require any introduction from us as it is the standard authoritative work on the subject and has already become a classic. The value of the work is proved by the fact that within the last few years it has been translated into Tamil and other languages and its opinion is quoted in foreign works on tropical diseases such as the Manson's Tropical Medicine. It deserves all the success it has attained.

The Bengali edition is not a mere translation, but is almost a new work. The author has been successful in making even the most difficult scientific discussions lucid and interesting; while the charming style makes reading a pleasure. The book is a clear evidence against those who think that scientific subjects cannot be discussed in the vernacular. The whole book provides an absorbing and instructive work, giving a wealth of information on this baffling disease. The chapter on prophylaxis is full of sound common sense together with useful knowledge and advice and opens up a wide field for thought. Every Bengali-speaking doctor should read this valuable work and hand it over to those of their clients who are parents of children.

Scarborough's writing Inks and Gums. We have received samples of above from Mr. S. Bardhan of 42/1. Baranashi Ghose Street, Calcutta for our use and we are glad to say that the inks and gums are quite up to the mark.

The ink for office use is pure blue black and is in no way inferior to the bazar inks of the present time with this peculiarity that they are free from sedimentation; while that for fountain pens is equal in quality to Swan ink. But the prices are always very low, almost one third of all that are extant. If good quality matched with low price is a secret for good business, these inks will have an extensive sale. They have already gained some grounds and, we hope, will soon gain much.

The red inks are as good as the blue black ones, and regarding low price they are quite at par with the latter. The gums are sufficiently sticky and refined and suit every pocket.

We recommend these indigenous preparations to our readers, who may have samples and other informations for trial from the above address.

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S. G. R. Brothers' Syrups (for Medical as also Household purposes). We were presented with bottles of syrups by Messrs S. G. R. Brothers of 42/1, Baranashi Ghose's Street, Calcutta for our household use as also for colouring mixtures.

The nice flavour and soothing taste of the syrups, especially Orange and Lemon, are not very often found together in the syrups of many well-known Chemists. The syrups are all free from Saccharin and are kept in bottles of sizes from 26 to 24 oz. The prices are quite moderate in proportion to the excellent quality. Those for colouring mixtures do not ferment and possess strong colouring power and is therefore more economic than other preparations of the kind.

We have no hesitation to say that the syrups—both varieties—are better than many well-known and now-in-vogue preparations and should attract the patronage of medical men as also the laity. The proprietors will be very glad to supply samples and quote prices on request.

Dr. Lakshmi Pathi, details of whose experience appears in the beginning of the current issue, has visited the Patna Museum and the Excavations of Pataliputra, 3 miles away. Rao Saheb Manoranjan Ghose, Curator of the Museum took him round the Pataliputra finds in which the Doctor identified Surgical instruments, such as amputation knives, sounds and probes, apparatus for poothams and distilling Sankhadravaka etc. In another place was one glass tile from Takshasila excavations. It was about a foot square and more than an inch thick and the tile was transparent and was of azure blue colour. There are pieces of glass flasks used in preparing medicines and an entire flask was also found.

In the Pataliputra excavations, the wooden palisades which existed round the city is now being dug up and in the ditches are to be found Khalvams and parts of Crucibles used in Rasayana Proyoga, appliance for minting gold coins, a touch-stone and other articles of great interest.

Dr. Lakshmi Pathi is of opinion that some of the red and black stone-like masses were ready made medicines, partly used by physicians and got buried at the time of the destruction of the cities.

(The Hindu)

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BY

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VIDYANIDHI, SARASWATI, M.A., L.M.S.

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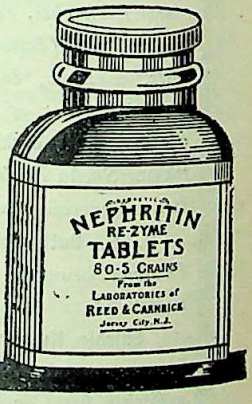

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THE JOURNAL OF AYURVEDA

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Government and Ayurveda.

The Government of the United Provinces has not only recognised the claims of Ayurveda by giving State-aid, but has also appointed an "Indian Board of Medicine" to revive the ancient study of Ayurveda, supplementing it by what is useful in Allopathy. This is *assuredly a further move in the right direction.*

In the newly opened Ayurvedic Institutions with State-aid, the orthodox Ayurvedists, wherever possible, try their best to convert these into glorified "Tolls." The U. P. Government by appointing the Medical Board consisting of Ayurvedists and Non-Ayurvedists, has effectively checked this spirit of unnecessary conservatism which will never help the regeneration of Ayurveda.

In only three out of so many provinces of India, the claims of Ayurveda have been recognised by the respective Local Governments. It behoves the people of the rest to put pressure on their respective Governments through their Indian Ministers holding the portfolio of Medicine, now that Medicine is a transferred subject, to attain the end.

As Ayurveda is not a provincial but an all-India subject, we appeal to the newly elected members of the Assembly to move the central government, so that the claims of Ayurveda is recognised by every provincial Government and provision is made in the central budget for its further advancement.

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The Orthodox Western Medicine.

We are attacked in season and out of season by Western medical men in India that Ayurveda is unscientific. Here is what a British medical man outside the fold of Allopathy says about the orthodox modern medicine. Mr. Raphael Roche writes the remarkable challenge to the orthodox medical profession as follows in the "Referee" :—

"It is more than time that the public should face fairly the truth about the medical profession...*Medicine as practised today is not a Science.* For, by medicine I mean the scientific use of drugs to cure diseased conditions. This is the art of medicine, and the study of drugs with this object is the science of medicine. Doctors increasingly admit that drugs are very little used curatively.

"The orthodox medicine says that chronic diseases are incurable (Ayurveda has specialized in the cure of chronic ailments). Acute diseases are spontaneously cured, they admit, unless they kill the patient (*e. g.*, Typhoid Treatment). What is the cure for Influenza ? Have they any treatment for Small-Pox ? Doctors can make healthy people unhealthy by vaccination, yet they have no means of making Small Pox patients healthy (Ayurveda treats successfully cases of Small Pox)".

"What", says Roche, "is the reason for this ? Scientific study leads to result—why is medical study sterile ? *In pursuing their study modern medicine has lost sight of its proper end or they have pursued it by wrong means.*

"Every medical student knows how much time is given to diagnosis and how little to therapeutics. *People do not want to know what particular hybrid word describes their complaint—they want to be cured.* Diagnosis, they say in defence, should proceed cure. (Tuberculosis is readily diagnosed. Its cause is ascertained since the discovery of T. B. by Koch but its cure is as far removed

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even now as before the days of Koch about half a century ago).

" If you want to cure diseases by medicine, study drug action, the effect of medicine on the human body (not on animals) on the bedside (not on the laboratory). You must study the specific action of drugs on the human body (not the specific action of drugs on the causative factor ; for, the same disease may be caused by different causative factors and the same cause may produce different effects on the human body. Though Doctors have studied the latter, they have not done the former. A drug may be specific for the cause, yet not specific for the disease, for human body is something different from the laboratory test tubes. (Drugs, says Sajous, should be studied from the Endocrine point of view).

"The two cardinal errors of orthodox medicine are the classification of disease and the classification of drugs. A particular set of symptoms is held to constitute a definite disease with a rather narrow margin of "Atytical cases". A definite name is given and it is hoped to find a drug which will be specific for that disease "(Typical and atytical cases alike. Every clinician knows that text book symptom-combinations are rarely found. The same etiological factor is present in both typical and atytical cases, yet the symptom complexes are different ; how then can one expect to cure the disease by the same drug ? The Doctors take into account the seed only ignoring the soil. Hence they miserably fail in attaining the result desired).

"They have not yet learnt to classify drugs, for they take into account their physical and chemical properties. *To use them curatively you have to study an action which is neither chemical nor physical but specific to the vital force in the organism.* In other words, drugs to be successfully used for cure must be studied from sympathetico-Endocrinological or Tridosha point of view.

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"If man were merely a physico-chemical entity the study in orthodox ways might have been sound. *To study how drugs act in the human body and not in a test tube or in the body of animal is the A. B. C. of medicine, which Doctors have not learnt as yet,*"

Comment is superfluous. We are interested to learn what our allopathic friends say in answer to this challenge by a Britisher and a medical man. Allopathy will attain better success when it studies medicine and drugs from the sympathetico-Endocrine point of view (the view of the soil and not that of the seed alone) which is the same as the point of view of our ancient Ayurveda. The whole edifice of modern allopathy is slowly tumbling down and requires re-building from its very foundation.

A. T. R.

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Original Articles.

THE CONDITION OF PULSE IN SEVERAL BODILY CONDITIONS

BY

DR. EKENDRANATH GHOSH, M.Sc., M.D., ETC.,

Professor of Biology, Medical College, Calcutta.

It is well known to the physicians that the pulse condition differs in various ways from that of the resting state of the body (as well as of the mind) apart from any disease These conditions have not escaped the observations of the Ayurvedic physicians and they have left the results of their observations for the use of their successors. This side of sphygmology probably dates back to the dawn of its history.

Let us here frist quote the passages from various works and then enumerate the bodily conditions with their pulse characteristics in an alphabetical order.

(1) बालस्य क्लान्तस्य। शल्याभिहतस्य सन्तोर्वेगावरोधाकुलितस्य भूयः।
गतिं विधत्ते धमनी गजेन्द्र मराल मालेव कफोल्बणेन॥
II. 38 ; II. 4 ; *Nadi siksha.*

(2) भुक्तस्य वान्तस्य च मेदुरस्य निद्रारतस्यापि तथा रिरंसोः।
कफाकुलस्यापि सुखेरतस्य स्त्रौलं दधाना शिथिलं प्रयाति॥
II. 38 ; *Nadi siksha.*

(3) रिरंसोरु जिज्ञातरते चलत्यपि च वातवत्।
रुद्धवेगस्य बालस्य शल्यविद्धस्य पित्तवत्॥
निद्रालोमेदुरस्यापि कफवत् तत्तदृग्नयोः समा सूक्ष्मा।
II. 24 ; II 20.

(4) भवेदथ व्याकुलितेन्द्रियस्य सम्भोगखिन्नस्य तथा रिरंसोः।
वातेन नाडी स्फुरते भुजङ्गलोलेव दोलेव जलायुकेव॥
Ibid, II. 4 ; II. 36.

(5) सन्तापिते क्षुतेच विस्मये (.....) भाराक्रान्ते नित्यपठने।
उत्साहे तथोद्वेगे क्रोधेषु च नाड्यः स्फुरन्तिहस्तैर्दोषजातैर्विकारजैः॥
II. 12.

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(6) व्यायामे भ्रमणे चैव चिन्तया धनशोकतः ।
नानाप्रकार गमनं शिरा[1] गच्छन्ति विज्वरे[2] ॥
II. 36 ; *Nadi siksha* (1 स्थिरा) ; II 18 ; II. 4 ;
II. 41 (2 जीवितज्ञा भवेद्ध्रुवं) ; II 30

(7) व्यायामेऽट्टहासेच जैति स्फुरणतां धरा ।
गम्भीरा या भवेन्नाडी सा भवेन्मासवाहिनी ॥ II. 20.

(8) मोहेन कामेन भयेन चिन्तया
क्रोधेन लोभेन वहुश्रमेण वा ।
मन्दाग्निनोर्वेगधारण पीडया
स्यन्नाडिका मन्दतरा नृणां भृशं ॥ II. 41.

(9) मन्दाग्नेक्षीणधातोरपि भवति तथा मन्द मन्दैव नाडी
कोष्णा गुर्वी सरक्ता वहति गुरुतरा चापि सामा च मन्दा ।
दीप्ताग्नेर्वेगयुक्ताप्यति लघुरथसा सौस्थायुक्तस्य सुस्था
चिन्ताभिशोकमग्ना भवति कृशतमा हीनवेगाचनाडी ॥
II. 20 (b) ; II. 8.

(10) उष्णद्रव्यांशनाच्चापि समाच्चाप्यति चञ्चला ।
शोकाच्च चञ्चला नाडी—रोगेति चञ्चला ॥ II. 42

(11) विषाद्घूर्णोपमाना सा कामात् क्रोधादुपप्लुता ।
क्षीणा चिन्ताभयाभ्यांच मन्दाशोकेन जायते ॥ II. 17.

(12) कामात्[2] क्रोधाद्वेगवहा क्षीणा चिन्ताभयप्लुता[1]
I 1 ; II. 4 ; II. 18 ; II. 29 (1 भयाकुला) ; II. 26 ;
II. 44 ; II. 25 (2 काम) ; II. 31.

(13) कामेच चपला नाडी श्वासेहिक्का मये तथा । II 42.

(14) सक्रोधस्यातिवेगा प्रवहति धमनि सुस्थिरा तृप्तिभाज ।
स्तद्ज्ञानात्तद्दन्डं कलयतु निपुणः पण्डितो जन्तुकेतु ॥
II 20 (2) ; II. 8.

(15) चपला क्षुधितस्य स्यात् स्थिरा तृप्तस्य सा भवेत् ।
प्रसन्ना च द्रुता शीघ्रा क्षुद्भिर्नाडी प्रवर्त्तते ॥ II. 20 ; II. 34.

(16) चपला क्षुधितस्य स्यात् तृप्तस्य वहति[1] स्थिरा ।
I. 1 ; I. 2 (1 भवति) ; II. 26 ; II. 4 ; II ;29
II. 17 ; II. 44 ; II. 31.

(17) चपला क्षुत्तृष्णार्त्तस्य तथा पानगतस्य च । II. 17.

(18) ऊर्द्धगे चपला नाडी कामक्रोधादिभिस्तथा ।
क्षुधातृषा भयाच्चापि तथा धातुक्षयादपि ॥ II. 42.

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(19) उद्वेगक्रोधकामेषु भयचिन्तोदये तथा।
भवेत्क्षीणगति नाडी ज्ञातव्या वैद्यसत्तमैः॥
II. 20 ; II. 18 ; II. 38.

(20) उपवासात् भवेत् क्षीणा नाडी च द्रुतगामिनी।
सम्भोगाच्च भवेत् क्षीणा ज्ञेयाद्रुतगतिस्तथा॥ II. 4 ; II. 28.

(21) उपवासात् स्थिरा क्षीणा द्रुता व्यस्य च स्थिरा। II. 42.

(22) सुखितस्य स्थिरा ज्ञेया तथा बलवती स्मृता।
I. 1 ; I. II (1 सुखिन) ; II. 4 ; II. 31 (1 सुखिन)।

(23) सुखितस्य स्थिरा ज्ञेया रक्तासृक्छ्वासविधायिनी। II. 34.

(24) मन्दाग्नेः क्षीणधातोश्च नाडी मन्दतरा भवेत्।
असृक्पूर्णा भवेत्क्षीणा गुर्व्वीसामा गरीयसी॥
लघ्वीभवति दीप्ताग्नेस्तथा वेगवती सुखात्।
स्थिरा बलवती स्निग्धा सुखिनो व्याधिगतस्यच॥
II. 17 : II. 25 (last two verses) ; II. 26 (last two verses).

(25) लघ्वी वहति दीप्ताग्नेः तथा बलवती मता। II. 4 ; II. 31.

(26) मैथुनान्ते भवेत्क्षीघ्रा सरलापि च नाडिका।
I. 1 ; II. 44 ; II. 25 ; II. 36 ; II. 26 ; II 41 ; *Nadi Tarangini.*

(27) सम्भोगान् नाडिका क्षीणा ज्ञेया द्रुतगतिस्तथा। II. 42.

(28) तीव्रं युवतिसंगमेवच। II. 13.

(29) शीतादितस्य गात्रस्य चिरात् सूक्ष्माऽथ मन्थरा।
शयानस्य बलोपेता नाडी स्फुरणं भुग्वहा॥ II. 20 ; II. 24.

(30) समासूक्ष्मा श्वसस्यन्दा मलाजीर्णे प्रकीर्त्तिता।
विषमा कठिना स्थूला मलशेषात् प्रकीर्त्तिता॥ II. 20.

(31) गुर्व्वीवाताहानाडी गर्भेणसहसंचरेत्।
पित्तवायोस्तव वाच्यां लघुना गौरवेण च (?)॥
आमपक्वविभागश्च दिनमासादिकं बुध॥ II. 20.

(32) गर्भिण्याः सुस्थिरा गुर्वी वातस्य गति धारिणी। II. 17.

(33) यावन्नाडी वक्रवहा भ्रमणादतिभाषणात्।
सपादयामे क्रमशः स्थिरा चञ्चलावक्रगा॥ II. 42.

(34) क्षीणगति तथा नाडी प्रहारे वसनेनच।

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(1) Agitation of mind (चिन्ता)—In mental agitation (with depression) the pulse beats in various ways (6), becomes slower thanusual (8), soft (9) and weak (11—13). According to the passage No. 9 it becomes weakest. This condition evidently indicates mental depression (shock) with resulting vasomotor disturbances and slowing of the heart-action.

(2) Anxiety (उद्वेग).—In mental excitement the pulse becomes bounding (5). In passage No. 19 the pulse is stated to be weak. Evidently the same term is used for mental excitement in the first passage and for mental depression in the other In the first condition there is vasoconstriction with forcible action of heart, whereas in the second the conditions resemble that of the agitation of mind.

(3) Anger (क्रोध)—The pulse characteristics, as described by different authorities, are of two opposite natures: firstly, it is described as jerky (5), full (11), forcible (12, 14) and quick (18); secondly it has been described as slower (than usual) (8) and feeble (19). It is not unreasonable to suppose that the first condition occurs during the actual period of excitement and the second state is that of the next stage of cooling down.

(4) Ascending (ऊर्द्वग)—The pulse condition, in ascending to a height, has been described as quick (18). This is an observed fact.

(5) Beating (प्रहार)—A person who has just been severely beaten shows a feeble pulse (34).

(6) Boyhood (बाल्य)—(childhood) In boyhood the pulse shows the characteristics of *pitta*, *i.e.* is quick and jerky (3).

(7) Comfort (सौख्य)—In a person remaining comfortably, the pulse remains large, i. e., with a full volume (2, 23), soft (22, 24); (*i. e.*, not of low tension). All these characteristics simply indicate a normal pulse condition as seen in rest.

(8) Defoecation (मलदोष)—The pulse condition after defoecation, is stated to become hard, full and somewhat irregular (30). The pulse condition as depicted here no doubt refers to great straining during the act. The irregularity indicates the slowing of beats during deep inspirations which follows for a short while afterwards.

(9) Delight (हृष्टि). In delight (pleasure), the pulse beats like that in a *Kapha* condition, that is, it beats slowly and has low

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tension. It no doubt indicates an absence of any sort of mental excitement A perfect coolness of mind is meant.

(10) Digestion.—Here we have to deal with two different conditions—one with weak digestion (मन्दाग्नि), and the other with sharp digestion (दीप्ताग्नि) (perhaps one of *hypersecretion*). In two (9,24) of the three passages, the condition of weak digestion has been associated with weak constitution (क्षीण धातु) as indirectly both usually go together.

In weak digestion, (as well as in weak constitution), the pulse is slower (than usual) (8, 9, 24), sharp (24) or slightly sharp (9) to the touch, full (9, 24), stout (9, 24) and soft (9, 24). The condition, thus depicted, is somewhat between *pitta* and *kapha* pulses.

In sharp digestion (दीप्ताग्नि) the pulse becomes forcible and small (not full) (9, 24, 25). Here the condition seems to be one approaching the *vayu* condition, the products of complete digestion having a press-on action on the heart and vasomotor system.

(11) Drinking of wine (पानगत)—The pulse becomes quick in the drunken state (17).

(12) Exercise (व्यायाम)—The pulse becomes forcible (6) and shows various motions (7). If the pulse is deep-seated, it is felt (as if beating) deep in the flesh. The "various motions" referred to in No. 7, perhaps indicate the great variations in the rate- Thus we find the following in reference hand book of the Medical sciences, article Pulse (p. 400) " Exercise has a still greater influence, very slight exertion sending pulse up 20 or 30 beats, and violent exercise may more than double the rate."

(13) Exertion (उत्साह)—In this condition the pulse becomes bounding (5). This condition is no doubt meant for both physical and mental exertion.

(14) Excitement of mind (उद्वेग)—The pulse becomes bounding (5). The same term used in the passage No. 19, no doubt means a depressed condition of the mind and the pulse is feeble in that condition.

(15) Exposure to cold (शीतार्दित)—The pulse becomes thready and slow (32). The following passage is quoted from modern medicine by Osler and McCrae, First Edition (1925) vol. 2, p 352. "Laveran and Cohnheim have studied the effect of cold, and found the blood vessels to be the main tissues involved. The action of cold consists in narrowing the lumen of the blood

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vessels, which may go even to its complete obliteration, the blood does not circulate and the involved area becomes white. Soon the capillaries dilate so that the circulation is slow and sometimes arrested."

(16) Fainting (मोह).—The pulse becomes slower than usual (8). The slowing pulse in fainting is widely known.

(17) Fasting (उपवास).—In fasting the pulse becomes soft (21), feeble (20, 21) and quick (20, 21).

(18) Fattiness, obesity. (मेदुर)—In obesity the pulse is full (2) and soft (of very low tension) (2); it resembles the condition found in *kapha*.

(19) Fatigue (क्लान्ति)—In fatigue the pulse resembles the movements of elephant and duck (1) (that is, the pulse becomes slow and soft).

(20) Fear. In fear (भय) the pulse becomes slower (8) and slender (small and of low tension) (11, 12, 19). In great fear (त्रसन) it becomes small (19 .

(21) Food. After meal (भुक्तस्य), the pulse becomes full (large) and soft (2). In gratification or satiety after eating (तृप्तस्य), the pulse becomes slow (स्थिर) (14—16, 21, 24) and forcible (24).

The pulse beats like that of *kapha* in the same condition (2). The pulse becomes quick (10) after pertaking of hot food.

(22) Greediness (लोभ)—In greediness or intense desire, the pulse becomes slower (8).

(23) Grief. (शोक). In grief, the pulse becomes very slender (small), (9), very soft (19) and slow (11) or quick (10). In grief attended with mental excitement (सन्ताप), the pulse becomes forcible. In grief after pecuniary loss, (which is evidently attended with great depression of mind) the pulse shows various kinds of motions (6). Perhaps the passage indicates variations in pulse rate.

(24) Hard breathing (श्वास) and Hiccough. In both the conditions the pulse becomes frequent (13).

(25) Hunger. (क्षुधा) In hunger the pulse becomes quick (beats with celerity) (15—18).

(26) Labour. In labour (श्रम) the pulse becomes frequent (8) and shows the charateristics of *vayu*. In one treatise (No. 8), the pulse has been stated to become slower in hard labour (बहुश्रम); perhaps it indicates mental labour and not physical.

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(28) Laughter (अट्टहास). The pulse becomes expanding and if it is deep-seated it is found to beat in the flesh. The passage perhaps indicates that if the pulse, being deeply situated, be very feebly perceptible in the usual condition, it becomes so forcible in that condition that it is felt as if to flow through the flesh.

(29) Lying posture. (शयान) The pulse becomes forcible, jerky and crooked (32).

(30) Passion and excessive sexual desire. In passion (काम), the pulse is stated to be jerky (11), forcible (12) and quick (13, 18); according to others, it becomes slower (8) and feeble (19). Perhaps *lust* is meant in the first case and simple affection or love (arising in the presence or at the thought of the lover) is indicated in the other. In excessive sexual desire (व्याकुलितेन्द्रिय) the pulse becomes expansive (forcible) from *vayu* action (4), that is, it becomes hard and quick.

(31) Poison (विष). In poisoning, the pulse becomes comparable to rolling (11). Perhaps it indicates a shaking pulse, with more or less confluence of the beats.

(32) Pregnancy In pregnancy (गर्भ). the pulse is hard (31) slow (32) and shows the characteristics of *vayu* (31). The *pitta* and *vayu* (functions) are too feeble and strong to be considered according to an early and advanced stage of pregnancy and the days, months and hours. The passage probably indicates that the *pitta* function remains feeble and *vayu*. function strong in the early pregnancy, but the pitta function becomes strong and vayu function feeble in the advanced state. The days and months can be calculated by observing the grades of *vayu* and *pitta* functions.

That the pregnancy can be diagnosed by examining the pulse is beyond doubt. I know personally that the late Dr. Surja Prosad Sarvadhikari, the father of the late Suresh Prosad Sarvadhikari could diagnose pregnancy by feeling the pulse. I can myself diagnose same if after fifth or sixth month in this way.

(33) Reading. In constant reading the pulse becomes expanding with full volume. (5).

(34) Retention of urine and fæces. In forcible retention of urine and fæces, the pulse beats like the movements of the elephant and duck (that is, it becomes slow and soft) (1); it becomes slower according to the passage No. 8 or beats like that of *pitta* according to the passage No. 3. These discrepancies may perhaps be due to the fact that the pulse conditions have

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been described for different stages of the conditions. The conditions described in the passages 1 or 8 might have been meant for very early stages and that in 3 for the later ones.

(35) Sexual intercourse. In sexual intercourse the pulse becomes forcible. The latter condition herhaps indicates the early stage of the act. After the act, the pulse becomes quick and jerky (26). In fatigue after coitus, the pulse shows the characteristics of Vayu (4).

(36) Sleep In sleep the pulse becomes large and soft (2) and shows the characteristics of *kapha*.

(37) Sneezing. In sneezing the pulse bocomes expanding (5).

(38) Speaking. In long speeches (अतिभाषणे) the pulse becomes gradually slow, quick and crooked (hard) (33).

(39) Sport. According to one authority (2), the pulse becomes large and soft. According to others, it shows the characteristics of *Vayu* (3, 4). The latter condition is what is actually observed. The first condition may be meant for the perspiring stages of the persons engaged in sport.

(40) Surprise. In surprise, the pulse becomes expanding (with full volume) (5).

(41) Thirst In thirst the pulse becomes quick (beats with celerity).

(42) Vomiting. The pulse beats like movements of the elephant and duck after vomiting (1); it becomes large and soft (2).

(43) Walking and travelling In travelling the pulse shows various sorts of movements (perhaps it indicates variations in rate). (6). In walking by foot and travelling, the pulse gradually becomes slow, rapid and crooked (33).

(44) Wasting (धातुक्षय) The pulse becomes rapid (18).

(45) Weak constitution. The pulse becomes slower than usual (9, 24).

(46) Weight. In carrying heavy loads the pulse becomes expanding (5).

(47) Wound. In a wound by a sharp pointed weapon, the pulse beats like the movements of the elephant and duck (1) or beats like that of *pitta* (3). The first condition no doubt indicates the shock following the wound. The second condition reveals the pulse state when the shock is over and reaction has set in.

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FEVER IN AYURVEDA.

PART II.

PAITTIKA FEVER.

BY

A. RAMAN, (CALCUTTA).

(Continued from our last issue.)

In the last issue of the Journal of Ayurdeda I dealt with *Vatika fever* and let me now pass on to *Paittika fever* which is caused by tho derangement of *Pittam*.

Etiology :—By taking too much of hotty, sour, salty, costive, pungent and indigestible food ; by exchange of hot words, quarrels ; by exposure to sun's rays ; grief feeling of tiredness, or exhaustion ; and by the use of improper articles of *diet*, *Pittam* gets deranged, and the perverted *Pittam* brings in Paittika fever.

उष्णाम्ललवणक्षारकटुकाजीर्णभोजनेभ्योऽतिसेवितेभ्योऽथाऽतितीक्ष्णातपाग्निसन्तापक्रोधविषमाहारिभ्यश्च पित्तम् प्रकोपमापद्यते । (*Charaka, Nidanasthanam ; Chap I—19*).

Symptomology :—

The symptoms of *Paittika* fever are :—Burning sensation in mouth and nose ; face looks weak ; lips, trachea and palate become sensitive of severe heat ; congestion of blood in the head, dilirium, coma, vomiting of biles ; diarrhœa ; dislike for food ; feeling of exhaustion and tiredness ; profuse perspiration ; reddish eruptions over the body and face ; yellowishness of the skin ; severe burning sensation and heat of nails, eyes, face, urinary and fecal passages and skin ; longing for cold articles of food as also cold places of rest.

Paittika fever prevails genrally in Autumn, when, due to the influence of Nature herself, *Pitta* becomes easily aggravated. The temperature reaches its maximum either at noon or at mid-night. The tendency of this fever is towards remittent and not intermittent.

तस्येमानि लिङ्गानि भवन्ति तद्यथा—युगपदेव केवले शरीरे ज्वरस्याभ्यागमनमभिहृद्विर्वा भुक्तस्य विदाहकाले मध्यन्दिनेऽर्द्धरात्रे शरदि वा विशेषेण, कटुकास्यता, घ्राणमुखकण्ठोष्ठतालुपाकः, ऊष्मा मदोष्मो मूर्च्छा पित्तच्छर्दनमतीसारोऽन्नद्वेषः सदनं संखेदः प्रलापोरक्तकोठाभिनिवृत्तिः शरीरे, हरित हारिद्रत्वं नखनयनवदन मूत्र पुरीषत्वचामत्यर्थमूष्मणस्तीव्रभावोऽलिमात्रं च दाह., शीताभिप्रायता ।

(*Ibid-Para, 20*).

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Treatment :—

I have already discussed in the last issue about the general treatment of fever in its first stage, such as keeping the patient on low diet (rather starving him) according to the strength of the patient and purging him with some purgatives ; as the rational treatment of Paittika fever is to administer purgative in the beginning.

दद्यात् पित्ते विरेचनम्—"*Charaka*".

In *Paittika* fever the patient naturally hankers after water and cold things and feels much relief when supplied with them. This fact should be borne in mind that one of the principles of Ayurveda is to administer medicines and food accordidg to the likes and dislikes of the patient: the system requires whatever it craves for. Hence the articles antagonistic to the desire should be given very cautiously or withheld completely. The reason is quite obvious and we see instances where administration of desired objects effects better result than depriving the patients of these.

In *Paittika fever* too the treatment must be either of the two systems already mentioned in my previons article or a combination of both.

Some Vegetable preparations useful for this kind of fever are as follows :—

1. R/-

Cyprus Rotundus	...	$\frac{1}{8}$ tola
Umera Parviflora	...	$\frac{1}{8}$,,

Rub them together on a clean stone and let the powder remain in 2 oz. of cold water for 12 hours. Filter the water and administer it thrice daily for appeasing thirt and burning sensation

पाक्यं शीतकषायं वा सुखपर्कटं पिबेत्।

(*Charaka, Chikitsasthanam, III—195.*)

2. R/-

Alphagi Maurorem	...	$\frac{1}{8}$ tola
Dry Ginger ...	...	$\frac{1}{8}$,,
Umera Parviflora	...	$\frac{1}{8}$,,

The above recipes are to be made into decoction in the same way as (I) in 3 oz. of water and administered as directed.

3. R/-

Seed of Holarrhena antidysentrica
Myrica Sapida
Vignomia
Clypea Hernindifolia
Picrorrhiza Kurroa

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¼ tola each ; rub them well on a piece of stone and prepare decoction in 8 parts of water reduced to ¼th. To be administered with a tea-spoonful of honey twice daily.

क लिङ्गं कटफलं मुस्तं पावातिक करोहिणी
पक्तं सशर्करं पीतं पाचनं पैत्तिके ज्वरे।
सचौद्रं पाचनं पैत्ते तिक्ताब्दैन्द्र यवे कृतम्।

(Chakradatta.)

There are of course various other medicines for this kind of fever in the form of powder, infusion, electuary, etc. which are to be administered according to the condition of the individual patients. The above decoctions are more or less universal and so may be used in every case as voluable adjuncts. The duty of the physician, while treating *Paittika* fever should always be to see that all the excretory organs are always kept open.

Recipes of some important metallic preparations according to Rasashastra :—

1. Jwaramurari Rasa (ज्वरमुरारी रस)

R/-

Cinnabar
Aconite
Trikatu (त्रिकटु)
Borax
Chebulic Myrobalan
Purified Cotton Seed

Equal quantity of each, well-beaten and pulverised. Make pills, 2 grs. each ; to be administered with honey and ginger juice.

2. Tarunjwarari Pills (तरुणज्वरारि वटी)

R/-

Mureury (Purified)
Sulphor
Aconite
Cotton seeds

Equal quantity of each, to be rubbed well with the juice of Aloe Indica. Make pills, 4 grs. each. These pills have got a direct action on the bowels and cure the disease.

(Bhaishayya Ratnavali)

The above medicines—(vegetable as well as mineral), may be used separately or one with the other as vehicle in case the fever is serious.

(To be continued.)

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CHAKRAPANI DUTTA (1060 A.D.)

BY

DR. GIRINDRA NATH MUKHERJEE, B.A., M.D.,
F.A.S.B., VISHAGACHARYA.

Chakrapani Datta is the younger brother of Bhanu Dutta. Now who was Bhanu Datta? Mr. Gobinda Chandra Mukerjee, M.A., B.L., the son-in-law of the Raja of Bhowal in his *History of Bhowal* has said, "It is interesting to note here that a man named Bhanu Datta, brother of the famous Chakra Datta, Court Physician to Raja Nayapala of Gour, 11th in descent from Gopal, the founder of the Pal Dynasty of Bengal and Behar, was said to have been located here as Generalessimo *i.e.* Commander-in-Chief of the Eastern Bengal army, and his alleged discendants are still extant though in very reduced circumstances and still adhere to certain rites distinctly Buddhistic in nature." The Datts lived in Bhowal as big Zamindera and from the Geneology of the Roys of Dasoda we learn that even down to the time of Bansidhara Datta *alias* Karna Khan, the 6th or 7th in descent from Bhanu, the Dattas were powerful in Bhowal. There are remains of a fort (koth bari Durga) built by Karna at Savara, where a canal (Karna Khala) and a village (Karnapara) about a mile off, still celebrated the name of Bansidhara. The Dattas came from Rarh and settled in Dasoda and became the owner of Selimapratap Pargana. They became weak due to the rise of the Gajis of Bhowal, Pantha Dasas of Suapura and Kasyapas of Rayail and had to transfer their Zamindari from Bhawal to Dasoda where the Dattas built a temple of Siva. The priests of the temple of Siva and Siddheswari temples are Weaver or Yogees by caste now.

Taylor in his "*Tapography of Dacca*" writes, "Dr. B. Hamilton considers the latter (Jogees) to have been originally the priesthood of the Pal Rajas who were Buddhists" (p. 236). The ancient temples were built originally in Hughly Mahespore which was gradually submerged by the river Dhaleswari about 80 years ago and the present new temples have been erected.

Vide *Prabasi* 1327 B. S, Vol. XX., II. Part., p. 141.

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"Chakrapani Datta or more commonly Chakra Datta in a Colophon has given an account of himself in his book called *Chikitsa-Sara-Samgraha*. The author of this work is Sri Chakrapani who belongs to the family of Lodhrabali, and who is the younger brother of Bhanu and the son of Narayana, the Superintendant of Nayapala, the King of Gour."

गौड़ाधिनाथ रसवत्याधिकारिपाव ।
नारायणस्य तनय: सुनयोऽन्तरचात् ॥
भानोरनु प्रथित लोध्रवली कुलीन: ।
श्रीचक्रपाणिरिह कर्त्तृपदाधिकारी ॥

His age : Thus we see that Chakrapani Datta flourished during the reign of Nayapala in 1060 A.D. (for the date of Nayapala see *F. N.* 1, p. 30. Dr. Mukerjee's *Surgical Instruments of the Hindus*). See also Dr. Cordier *Journal Asiatique*, 1901, note Bibliographique, p. 10. (1036 to 1053 ?).

Teacher of Chakrapani Datta : "According to the introduction to the author's *Ayurvedadipika* (Raj. M. Vi. p. 223) he was a pupil of Nara Datta." I. O. p. 998.

नरदत्त गुरूद्दिष्ट चरकार्थानुगामिनी ।
क्रियते चक्रदत्तेन टीकायुर्वेददीपिका ॥

For an account of Nara Datta, see Dr. Mukerjee's *History of Indian Medicine*.

Chronology. Chakrapani Datta in his work *Chikitsa-Sara-Samgraha* mentions the work of Vrinda Madhava, the *Siddha Yoga*.

य: सिद्धियोगलिखिताधिकसिद्धियोगा:
तवैव निक्षिपति केवलमुद्धरेद्वा ।
भट्टवय विपथ वेदविदा जनेन
दत्त: पतेत् सपदि मूर्द्धणि तस्य शाप: ॥

So he is posterior to Vrinda Madhava, who again refers to Madhava's Nidana.

वृन्देन * * * संलिख्यते गदविनिश्चयक्रमेण ।
Vrinda's Siddhayoga.

Chakrapani Dutt must not be confounded with another author of later date. He is Chakrapani Das, the author of *Abhinava Chintamani*. Ms.—K. 210.

Chakrapani is mentioned by Dallana in Nibandha-Samgraha p. 1653.

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पञ्चमूली महतीति चन्द्रिकाकार: स्वल्पेति चक्रपाणि:।

So he is anterior to Dallana. But Biraja Charan Sen Gupta in the *Banausadhi Darpana* p. 54 says :

চক্রপাণি ডল্লনের মত খণ্ডন করিয়াছেন, অতএব ডল্লন চক্রপাণির পূর্ব্ববর্ত্তী।

i.e. Dallana is anterior to Chakrapani for the latter has subverted the opinion of the former : *e.g.* the লিট বিধি of Dallana in the *Ayurvedadipika,* (P. 24),

भ्रूयते निबन्धकारो डल्लनाचार्य्य एवं व्याख्यायाति। p. 648.

In the opening lines of Chakrapani Dutta Samgraha, we find

नानायुर्वेदविख्यात मदयोगैश्चक्रपाणिना।
क्रियते संग्रहो गूढवाक्यबोधक वाक्यवान्॥

By गूढवाक्यबोधक Sibadasa in his *Tattva-Chandrika* understands as गूढवाक्यं गूढार्थं वचनम्, तद्बोधकं तदर्थप्रतिपादकं यद्वचनं तद्युक्तम्। *i.e.*, "explanation of the difficulties," but गूढवाक्यबोधक is the name of a medical work by Heramba, and so in I. O. 2674, it is noted : "The work is chiefly based on those of Heramaba and Vrinda." Thus Chakrapani Dutta is posterior to both.

"Dr. Hoernle observes—It would be satisfactory to be able to discover what the sources were on which Chakrapani drew for his compilation : They are not specified anywhere, I believe, in his work." (*J. A. S. B.* LX. Pt. I., p. 150). It is not easy to account for the above remarks, seeing that Chakrapani distinctly mentions that he has modelled his work on the *Siddhyayoga* of Vrinda, and that he drew largely upon the Charaka, the Sushruta and the Vagbhata, all of whom he quotes *verbatim* and at length". *History of Hindu Chemistry*, Vol. I, p. XXXII.)

Religion of Chakrapani Datta—Some say that Chakrapani Dutta was a Saiva or follower of Siva. He no doubt offers salutation to Siva at the beginning of his *Chakra Datt* and *Ayurvedadipika.*

गुणत्रयविभेदेन मूर्त्तित्रयमुपेयुषे।
त्रयीभूवे निगमाय त्रिलोकीपतये नम:॥

His birth-place is said to have been Birbhum, where is still to be found a Siva, called Chakrapanisvara, the image of God formerly worshipped by Chakrapani Datta in his house.

चक्रपाणिदत्तो वीरभूमिदेशवास्तव्यो * * * श्रूयते च यथा तस्य जन्मभूमावद्यापि तत्प्रतिष्ठापितचक्रपाणीश्वर इति शिवोऽस्ति॥

Vaidyaka Sabdasindhu, p. 31.

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From the Synonymous country names of medicinal plants, we can also infer that he was an inhabitant of Bengal.

Others again try to prove that Chakrapani Datta had a yearning towards Buddhist terms for he mentions many Buddhist terms in describing countries and medicinal formulas. Dr. Roy remarks, "Although Chakrapani belonged to the Brahmanical creed, his writings show a decided leaning towards Buddhism. Thus Magadha itself is named महाबोधि प्रदेश or the country of the Mohabodhi. We have also such expressions as "बोधिसत्त्वेन भाषितं", "सुखावती वर्त्ति," "सौगतमञ्जनम्"।

This might well be expected, for Chakrapani's father was physician to king Nayapala, the successor of Mahipala, who ascended the throne about 1040 A. D. (*History of Hindu Chemistry*. Vol. I, p. XXXI.)

THE WORKS OF CHAKRAPANI DUTTA.

I. The *Chakradatta or Chikitsa-Sar-Samgraha* :—

This is a compilation on the Practice of Medicine by Chakrapani Datta arranged in the order followed by Vrinda in his *Siddhayoga*. The work is also said to be based on the *Gudhavakyavodhaka* of Heramba Sena Sahapatni (See Chronology) but this is mentioned by the commentators. Sivadasa explains Gudhavakyavodhaka thus : गूढ़वाक्यं गूढ़ार्थवचनम्, तद्बोधकं तदर्थप्रतिपादकं यद्वचनं तद्युक्तम्। (P. 1.) "Since the days of Vagbhata, metallic preparations had begun slowly to creep into use, and at the time of Chakrapani and his predecessor Vrinda they had so fully established their claims that they could no longer be ignored. Thus we find from the 10th century and downward every medical work more or less recommending compouds of metals which can only be synthetically prepared" (*History of Hindu Chemistry*, Vol. I., P. XXXI). "Its author deals chiefly with vegetable drugs. He gives a few prescriptions containing mercury, in which this metal is mixed with sulphur and vegetable substances, but the preparations of mercury, produced by sublimation and chemical combination with salts etc., were unknown to him. It would appear, therefore, that mercury was just coming into use in his time. He does not mention opium, so that his work, and consequently the Nidana, must have been composed before the introduction of this drug, into India by the Mussalmans "(Dutta's *Materia Medica of the Hindus*, P. XII—XIII.)

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FORMULÆ :

1. Rasa Parpatika—C. P. D. 53.
2. Tamra Yoga (1)— ,, P. 53.
3. Do. (2)— ,, P. 361.

1. Rasaparpatika.

रसपर्पटिका—

याम्लपित्ते विधातव्या गुड़िका च क्षुधावती ।
तत्र प्रोक्तविधा शुद्धौ समानौ रसगन्धकौ ॥
सम्मर्द्य कज्जलाभन्तु कुर्य्यात् पात्रे दृढ़ाश्रये ।
ततो वादरवह्निस्थलौहपात्रे द्रवीकृतम् ॥
गोमयोपरि विन्यस्तकदलीपत्रपातनात् ।
कुर्य्यात् पर्पटिकाकारमस्य रक्तिद्वयं क्रमात् ॥
द्वादशरक्तिकां यावत् प्रयोगः प्रहरार्द्धतः ।
तदूर्द्धं वहुपूगस्य भक्षणं दिवसे पुनः ॥
तृतीय एव मांसाज्यदुग्धाद्यत्र विधीयते ॥
वर्ज्यं विदाहिस्त्रीरम्भामूलं तैलञ्च सार्षपम् ।
क्षुद्रमत्स्याम्बुजखगांस्त्यक्त्वोन्निद्रः पयः पिवेत् ॥
ग्रहणीक्षयकुष्ठार्शःशोषाजीर्णविनाशिनी ।
रसपर्पटिका ख्याता निवद्धा चक्रपाणिना ॥ ३७

2. Tamrayoga. (1)

ताम्रयोगः—

स्थाल्यां संमर्द्य दातव्यौ माषिकौ रसगन्धकौ ।
नखक्षुण्णं तदुपरि तण्डुलीयं द्विमाषिकम् ॥
ततो नैपालताम्रादि पिधाय सुकरालितम् ।
पांशुना पूरयेदुर्द्धं सर्व्वां स्थालीं ततोऽनलः ॥
स्थाल्यधो नालिकां यावद्देयस्तेन मृतस्य च ।
ताम्रीताम्रस्य रक्त्येका त्रिफलाचूर्णरक्तिका ॥
त्र्यूषणस्य च रक्त्येका विड़ङ्गस्य च तन्मधु ।
घृतेनालोड्य लेढ़व्यं प्रथमे दिवसे ततः ।
रक्तिवृद्धिः प्रतिदिनं कार्य्या ताम्रादिषु त्रिषु ॥
स्थिरा विड़ङ्गरक्तिस्तु यदा भेदो विवक्षितः ।
तदा विड़ङ्गन्त्वधिकं दद्याद्रक्तिद्वयं पुनः ॥
द्वादशाहं योगवृद्धिस्ततो ह्रासक्रमोऽप्ययम् ॥
ग्रहणीमम्लपित्तञ्च क्षयं शूलञ्च सर्व्वदा ।
ताम्रयोगो जयत्येष वलवर्णाग्निवर्द्धनः ॥ ३८

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3. Tamrayoga. (2)

(२) ताम्रयोगः।

तनुपत्रीकृतं ताम्रं नैपालं गन्धकं समम्।
दत्त्वा चोर्ध्वमधो मध्ये स्थालिकामध्यसंस्थितम्॥
कृत्वा स्वल्पशरावेण स्थालिमध्ये पिधाय च।
शर्कराभक्तलेपेन लिप्त्वा सन्धिं तदूर्ध्वतः॥
वालुकापूरितस्थाल्यां पिहितायां पुनस्तथा।
मुलिप्तायाञ्च यामैकमधोज्वालां प्रदापयेत्॥
तत आकृष्टतामस्य मृतस्य त्विह योजगा।
अथ कर्षं गन्धकस्य वह्निस्थलौहपात्रगम्॥
शिलापुत्रेण संमर्द्य द्रुतं तप्तं पुनःपुनः।
कृत्वा देयं मृतं ताम्रं कर्षमाणं ततः पुनः॥
रसोऽम्लमथितः गुडस्तावन्मात्रः प्रदीयते।
ततस्तथैवं संमर्द्य पुनराज्यं प्रदापयेत्॥
अष्टविन्दुकमात्रञ्च मर्द्दयेन्मूर्च्छितं तथा।
सर्व्वं स्यात् तत आकृष्य शिलापुत्रादिसङ्गतम्॥
संहत्यालम्बुषरसप्रसृतेन विलोड़ितम्।
पुनस्तथैव वह्निस्थलौहपात्रे विमर्द्दयेत्॥
यावद्द्रवत्वयं पश्चादाकृष्य सम्यक्पेषितम्।
अलम्बुषरसेनैव गुड़कं सम्यक्कल्पयेत्॥
वस्त्रखण्डं वस्त्रविस्तीर्णं पिण्डे विकटुजे पुनः।
वसनान्तरिते दत्त्वा पोटलीं कारयेद्बुधः॥
ततस्तां पोटलीमाज्यमग्नां कृत्वा विधारिताम्।
सूत्रेण दण्डसंलग्नां पाचयेत् कुशलो भिषक्॥
यदा निष्फेनता चाज्ये पुटिका च दृढ़ा भवेत्।
तदा पक्वं तमाकृष्य पञ्चगुञ्जातुलाधृतम्॥
विकटुत्रिफलाचूर्णं तुल्यं प्रातः प्रयोजयेत्।
तक्रं स्यादनुपानन्तु अम्लपित्तोच्छ्रये पुनः॥
त्रिफलैव समा देया वोष्णं वारि पिबेदनु।
सप्तमे दिवसे रक्तिवृद्धिस्तावत् तु मासकम्॥
यावत् प्रयोगश्च तथैवापकर्षः पुनर्भवेत्।
योगोऽयं ग्रहणीयक्ष्मपित्तशूलाम्लपित्तहा॥
रसायनञ्चैतदिष्टं गुदकीलादिनाशनम्।
न चात्र परिहारोऽस्ति विहाराहारकर्म्मणि॥ ५७

इति ताम्रयोगः।

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ज्वरचिकित्सा।

Begins : गुणत्रयविभेदेन मूर्त्तित्रयमुपेयुषे।
त्रयीभुवे त्रिनेत्राय त्रिलोकीपतये नमः॥
नानायुर्व्वेदविख्यात सद्योगैश्चक्रपाणिना।
क्रियते संग्रहो गूढ़वाक्यबोधकवाक्यवान्॥

End : नगरी नगरस्येव रथस्य च रथी यथा।
स्वशरीरस्य मेधावी ज्ञत्येष्वबहितो भवेत्॥

इत्यृतुचर्य्या सुस्थाधिकारश्च।

Colophon : गौड़ाधिनाथरसात्यधिकारिपाव
नारायणस्य तनयः सुनयोऽन्तरङ्गात्।
भानोरणु प्रथितलोध्रवलीकुलीनः
श्रीचक्रपाणिरिह कृत्तपदाधिकारी॥

यः सिद्धयोगलिखिताधिकासिद्धयोगा
नवैव निक्षिपति केवलमुद्धरेद्वा।
भट्टत्रयत्रिपथवेदविदा जनेन
दत्तः पतेत् सपदि मूर्द्धणि तस्य शापः॥

समाप्तोयं ग्रन्थः॥

For an analysis, see the contents of *Madhava Nidana*, for the book treats the diseases mentioned there in the same order.

Authors quoted in Chakradatta :—

Trinetra.
Bagbhata.
Charaka.
Sushruta.
Bhaluki Tantra.
Siddhisthana.
Visnu.
Kronatreya.
Kanokayana.
Manibhadra.
Bodhisatra.
Bhaskara.
Asirus.
Nagarjuna.
Kasyapa.
Chyavana.
Brahma.

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Siddhayoga.
Vaitarana.
Tara.

Commentaries of Chakrapani Datta's *Chikitsa-Sara-Samgraha* or the Chakradatta :—

1. *Ratna Prabha* : Sivadasa in his T. C. refers to this commentary from which he derived materials for his work.

टीका रत्नप्रभा चक्रदत्तर्णिम्मित संग्रहे।
यद्यापास्ते तथाप्येष संक्षेपाय ममोद्यमः॥
विस्तारोक्तञ्च संक्षिप्य प्रतिक्षिप्य च दुर्व्वचः।
व्याख्यान्तरञ्च निक्षिप्य टीकेयं क्रियते मया॥ P: 1.

Sivadasa again refers to this commentary in his T. C. p. 294 (*Nasa-roga Chikitsa*) :—

नासापाके प्रियङ्गुरं विधानमित्यत्र पित्तहृत् संधारणमिति पाठो रत्नप्रभासम्भवः।

The commentary is not available now.

Chakradattatika by Nischala Kara. Bik. Mss. 1388. This commentary is called *Ratna Prabha*. See Nischala Kara.

2. *Tattva-Chandrika* : Sivadasa wrote a commentary which is still available. He admits his work to be based on another commentary *Ratna Prabha*, which he abridged. It has been printed. Mss.—L. 1630. See Sivadasa.

Mss. of the Chakradatta :—

I. O. 2674 and 2675.
A. M. P. 133, p. 141 (i)
L. ii. No. 638 P. 70 Mitra writes *Chikitsa Samgraha* alias Gudha Vakyabodhaka.
Cat. Cat. P, 470.
Bik. Mss. 1387.
Cot. 104.
N. W. 568.
Oudh. vi. 14.
O. L. A. S. B. No. II. B. 50; III. A. 47.

Editions of the *Chakradatta* :—

1. Chakradatta with Tattva-Chandrika. Published by Kaviraja Abhayananda Gupta, Calcutta.

2. *Chakradatta or Chikitsa-Sara-Samgraha* with Tika by Sivadasa. Printed and Published by Benimadhav Dey & Co. C. S. C. 15, Baratala Edition. O. L. A. S. B. II.; G. 83.

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3. *Chakradatta or Chikitsa-sara-Samagraha* edited by Kaviraj Pyari Mohon Sen Gupta, Calcutta 1295 B. S.

4. *Chakradatta* with Bengali translation by Chandra Kumar Das Kavibhusan.

5. *Chakradatta with Tattva-Chandrika* and Bengali translation by Jasoda Nandan Sirkar, Calcutta, 1302 B. S.

6. Chakradatta with Tattva Chandrika. Edited by Sasibhusan Kaviranjan. Published by Jadunath Banerji, Calcutta, 1809.

7. Chakradatta with with Tattva Chandrika and Bengali translation. Published by Kaviraj Debendranath Sen and Upendranath Sen, Calcutta.

II. *Chakradatta or Dravyaguna Samgraha*—Chakrapani Datta wrote another work on Materia Medica, also called *Chakradatta.* It treats of drugs applicable to a number of diseases.

Mss.—L. No. 2931 Vol. IX, p. 43.

" Dravyaguna Samgraha : Sanitary effects of various articles of food and water, air, seasons, tooth-brushes etc. by Chakrapani. A compilation from various Tantras etc.

Beginning : प्राय: पृच्छन्ति यत्रेशास्तदद्रव्यगुणसंग्रह: ।
धारणं स्मरणं सिव्यं यथा स्याल्लिख्यतेऽधूना ।।
मधूरो धातुविवर्द्धन आयुर्वलवर्णतृप्तिकृत् कण्ठ्या: ।
सन्धानकृन्मुखादिह्लादकरा स्निग्धगुरूशीत: ।।

End : तन्त्राणां सारमाकृष्य द्रव्याणां गुणसंग्रह: ।
भिषजामुपकाराय रचितश्चक्रपाणिना ।। इति—

विषय: । षड्विधरसगुणा: । धान्यवर्गगुणा: । मांसवर्गगुणा: । पक्षिवर्गमांसगुणा: । मत्स्यवर्गगुणा: । वर्ज्जनीयमांसादिनिरूपणं । शाकवर्गगुणा: । फलवर्गगुणा: । जीरकपिप्पल्यादिवर्गगुणा: । लवणादिवर्गगुणा: । अपाकेऽपिभोजनयोग्यस्य फलवर्गस्य गुणा: । जलवर्गगुणा: । क्षीरवर्गगुणा: । सलवणक्षीरादिवर्ज्जनीयता । दधिवर्गगुणा: । नवनीतवर्गगुणा: । घृतवर्गगुणा: । तैलवर्गगुणा: । एक्षवादिमधुरवर्गगुणा: । मद्यवर्गगुणा: । काञ्जिकादिगुणा: । मूलवर्गगुणा: । कृतान्नवर्गगुणा: । सामान्यभक्षवर्गगुणा: । आहारविधि: । परिपाकप्रक्रिया । अनुपानविधि: । गुणकर्म्म निरूपणं । दन्तकाष्ठादिनिरूपणं । तद्गुणा: । धूमहिमकुज्झटिकादिगुणा: । ऋतुगुणा: । सद्योमांसादिगुणकथनञ्च ।

Mss. W. P. 294
L. 2931
Ben. 64
Bik. 624 ; 634

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III. *Muktabali*: A treatise known as *Muktabali* on the nature and properties of medicinal drugs is ascribed to Chakrapani. It is a Vaidyakakosha or Dictionary of Drugs.

EDITION:

1. *Muktavali* (*Ayurvedia Dravyaguna Abhidhana*) with Bengali translation.—Edited by Kaviraj Kaliprasanna Vitsarkar. Calcutta. Saka 1817, San. 1298. O.L A.S.B.I.F. 74.

IV. *Bhanumati*: This is a commentary on the *Sushruta Samhita* by Chakrapani Datta. MSS.—I. O. 2647.

Diet A.M.—P. 142.

Bhanumati or Sushrutatatparyatika,—a commentary of *Surtasthana* of Sushruta's work, by Mahamahopadhaya Chakrapani Datta.

It begins (of the author's commentary on *Charaka Samhita*. Raj Mitra VI. P. 223).

गुणत्रयविभेदेन मूर्त्तित्रयमुपेयुषे
त्रयीभूवे विनेत्राय त्रिलोकीपतये नमः।
सरस्वत्यै नमो यस्याः प्रसादात्पुण्यकर्म्मभिः।
यदारोपणसंक्रान्तं (?) जगदध्यक्षमीक्ष्यते॥
ब्रह्मदक्षाश्विदेवेश धन्वन्तरिमुखान् गुरून्।
जगच्छक्तिं गणाधीशं चक्रपाणिर्नमस्यति॥
षसत्बोधतमसाक्रन्नसौख्यताभ्योजबोधिका।
वासवश्रीरिवाबद्धा टीका भानुमती मया॥

इह धर्म्मार्थकाममोक्षपरिपन्थिरोगोपशमाय ब्रह्मप्रभृतिभिः कृतायुर्वेदतन्त्रेष्वतिविस्तरेण संप्रति वर्त्तमानाल्पदुर्मेधसां पुरुषाणां न सम्यगर्थाधिगमः। तदधिगमाय तद्धितानुष्ठानात् तदैवोपप्लवोरुजामिति मत्वानः परमकारुणिको विश्वामित्रसुतः सुश्रुतोऽल्पायुर्मेधसामपि सुखोपलम्भार्थं शल्यप्रधानमायुर्वेदतन्त्रं प्रणेतुमारब्धवान् तस्मिंश्च सूत्रनिदानशारीरचिकित्सितकल्पस्थानभेदाच्चार्थसंततिरित्यादि। सूत्रस्थानेऽपि पञ्चस्थानात्मके अथ वलागतोत्तरतन्त्रसंहतेऽभिधातव्ये संक्षेपेण निखिलतन्त्रप्रधानाभिधायतया सूत्रस्थानं वक्तव्यं।

(To be continued.)

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CORRESPONDENCE.

—o—

RESEARCH OF AYURVEDA

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh.)

To THE EDITOR,
JOURNAL OF AYURVEDA,

The report of the Committee on the Indigenous System of Medicine, Ceylon has raised a very important point, viz.—the question of research work—'to bring out the real merit of Ayurveda," now that the claims of Ayurveda is becoming daily increasingly admitted by the various Provincial Governments of India, including Burma and Ceylon. In fact, Ayurveda is entering the second period of renaissance for, the early struggles for recognition of its claims by the State are fast coming to an end and it is time to think how to modify Ayurveda best to meet the necessities of modern India.

As a medical man trained in the Western system, I do not believe that old and mutilated Ayurveda as we find it at present can serve modern needs. The "potentialities" of Ayurveda must be brought out by research, careful and painstaking research. Physiology, Pathology, Bacteriology, Public Health, Anatomy, Surgery, Midwifery, etc. should be taken from modern medicine and incorporated in modern Ayurveda. The potential points of all these subjects should be carefully studied in Ayurveda and any new idea or ideas found therein, should be further studied and when found correct, should be brought out to be incorporated in modern medicine. There should be free give-and-take method. I have not the least doubt that the germ of many a new idea unknown in modern medicine may be unearthed if Ayurveda is properly studied. I may mention for example that in the Chapter on Venesection it had been stated that enlarged thyroid is relieved by venesection from the superficial veins of the thighs, enlarged spleen and liver from the left and right elbow, enlarged uterus from the toe. Now that the Astanga Ayurvedic Hospital has been opened in Calcutta, some one should study the subject and find out by actual experiments whether the statement is true or otherwise. If found correct, it will give a new conception of the

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relation between the organs and the proximal circulation in the extremities. Possibly a truth unknown in the West will be rediscovered by such study but I need not theorise. Thus "a critical study of Ayurvedic books is all the more necessary as has been pointed out by the Hon'ble Mr. Cardew in the Madras Council as early as 1912 or 1913.

Another factor which will follow a close study of Ayurvedic books by men versed in both the systems is to find out the corresponding nomenclature of diseases in both the systems and then most of the misunderstandings will be cleared up; for example Vayu fever in Ayurveda includes most of the tropical fevers of short duration e. g, 3, 5, or 7 day fevers as well as Influenza, Dangue, etc. At present on account of different nomenclature of diseases one is not intelligible to the other and hence in case of common nomenclature, much misunderstanding will disappear. Of course there will be some difficulty, for the classification of diseases is based on the point of view of the "Soil" in Ayurveda and "Seed" in Allopathy, specially the fevers. Let the State come forward and subsidize some student to do the work and a joint congress of medical men of both the systems meet, correct individual work and give it the stamp of authority, so that Indian medical text books in the near future should be written giving two names for each disease.

That the subjects of medicine lost or unknown in Ayurveda should be incorporated from modern medicine will be a move in the right direction. My friend, Mahamahopadhya Gananath Sen, the well-known Ayurvedic scholar of all-India reputation has begun this sort of work by translating modern anatomy in his "Pratyaksha Sariram."

Another line of research as pointed out by the Hon'ble Mr. Cardew is the reinvestigation of drugs on modern lines. The Ceylon Conference has proceeded a step further when it has pointed out that not only Ayurvedic drugs but well known specific Ayurvedic combinations should be studied. Thus for example "Dasamul" decoction is good in Vayu diseases and diseased conditions. Clinical research in hospital and not laboratory work can do it. Individual drugs can be studied in the laboratory and then clinically studied. It is then and then only that the research of drugs of Ayurveda will be properly done.

It is a pity that the work of the Tropical School in this direction is not properly organized but done haphazardly. Major Chopra is at

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one time investigating the action of all anti-cholagogue diuretics like Punarnava, at another time an expectorant like Vasak and again an antipyretic like Chatim. Let him take each group of drugs and study them in seriatum and point out the difference in the action of each member of a particular group before proceeding to the next group.

It is not possible that every antipyretic will be efficacious in malaria (Vayu-Pitta fever of Ayurveda of a particular variety). If Chattim is found to be useless in malaria it will not surprise a student of Ayurveda for it is good in Vayu-fever of the rheumatic type. All these show that the work is done haphazardly. Major Chopra will be well advised either to study Ayurvedic materia medica critically or to take advice of a student of Ayurveda. His work will be then organized and the money spent over that department of Tropical School will be well spent.

A third line in which research will be useful is a study of Indian food from Ayurvedic books so admirably suited for Indians, and study the vitamins and salts present in each food stuff in modern lines.

A fourth line of investigation will be possible now that the Astanga Ayurvedic Hospital is opened. A medical man trained in the Western system and interested in the development of Ayurveda may be appointed to study at bed-side the actual effect of treatment of diseases by Ayurvedists from a strict unbiased critrical point of view and to compile statistics which can be compiled for comparison with the Allopathic treatment of such cases and much valuable work can be done thereby. My friend, the late lamented Kaviraj Jamini Bhusan Roy told me last year that he wanted to appoint a doctor for the work as soon as the hospital is opened for indoor patients. I understand that the governing body of the Astanga Ayurvedic College will approach the Calcutta Corporation and the Government of Bengal for subsidy and recurrent grant. We hope they will keep in view the idea of the late Jamini Bhusan in appointing a doctor for the work which its late founder so earnestly desired. It is ofen said by European critics that by keeping Ayurveda a mystery its value is enhanced in the eyes of the lay public and the fictitious claims of Ayurveda kept up before a believing public.

Let there be nothing mysterious in Ayurvedic treatment. Let it be brought in full details before the non-Ayurvedists so that

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they can judge its merits clinically—the claims of Ayurveda will thus be further established.

These are a few of the lines of research which should be undertaken without further delay not only for the good of Ayurveda but for the benefit of Medicine in general, Eastern and Western, for, as pointed out sometime back by Major Shorten, the associate Editor of the I. M. Gazette that medicine is not only "national but international."

[We fully concur with the view of our learned correspondent and the aim of our paper is exactly for incorporating the unknown to or lost portion of Ayurveda from Western System of Medicine so that Ayurveda may be a complete science.—*Editor*.]

Health & Hygiene.

——:o:——

HOW TO LIVE TO BE A CENTENARIAN.

THE SIMPLE WAY.

"The valuable material which Mr. Ellis Barker has collected shows us that approximately 90 per cent. of our physical defects, disorders and diseases would appear to be preventible, and that they are due in the main to faulty nutrition, lack of fresh air and exercise, stagnation of decomposing intestinal contents and other simple matters which may easily be corrected"

Sir W Arbuthnot Lane, the eminent surgeon and President of the New Health Society, makes this statement in an introduction to "Good Health and Happiness," by Mr. J. Ellis Barker. Sir Williams adds:

"We have become a race of invalids and semi-invalids. The regeneration of the race is urgent, is possible and is easy. Public opinion must wake up to its supreme importance."

Mr. Ellis Barker, who, once a chronic invalid, declares that he has cured himself by the observance of the rules of right living which are discussed in his book, maintains that medicine has been "swallowed up by the laboratory."

Those who live in accordance with his teachings, claims Mr. Ellis Barker, may live up to a hundred and more in the full possession of their physical and mental faculties.

He points out that during the past ten years there has been "an alarming increase in the death-rate from 'old-age' diseases."

"Very likely," he says, "the loss through avoidable disease and ill-health exceeds £1. 000,000,000 a year."

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BACK TO NATURE.

His remedy and prevention for disease is, broadly speaking the simple life He writes :

"Fresh air, plain food, sunlight, rest, exercise, cleanliness and water are the finest remedies not only for consumption, but for many other diseases as well. The seven factors named are nature's medicines. They are the finest remedies in the world.

"Superstitious belief in the powerful drugs, serums and artificial treatments of every kind and refusal to live in accordance with Nature's behests are sapping our strength.

"Intensive treatment with powerful and insufficiently tested remedies is exceedingly dangerous. The rash use of X-rays and radium for curative purposes has led to sterility in men and women, the formation of defective offspring in women, and cancerous developments in many cases. The indiscriminate use of ultra-violet rays by laymen themselves may in course of time have similar consequences."

He quotes figures to show that agricultural labourers—poorly paid, poorly housed and poorly fed—are the healthiest people in the country, because they are forced to live the simple life.

They are far healthier than the doctors.

THE BARKER WAY.

Mr. Barker's own daily routine is as follows :

Rise every morning at six

Cold bath, drying with a hard, rough linen towel.

Dress in thinnest clothes, a drink of could water or of lemon juice and cold water and a sharp walk of four to five miles.

Breakfast : Bran porridge cold with milk and salt or milk and marmite, or with stewed fruit and lemon and lemon-juice. Coarse whole-meal bread with a lightly-boiled egg and a little cheese. Fresh fruit or salad, a cup of luke-warm coffee (half milk) or very weak tea.

Work with his secretary, dictating while walking about, all the morning.

Luncheon : Two or three coarse whole-meal biscuits. Very weak China tea with milk or a little vegetables and fruit, or a piece of whole meal bread and butter and salad, etc.

Tea : Two or three cups of very weak tea.

Dinner : Conservatively boiled vegetables and potatoes either boiled in their skins and eaten without the skin or baked in their skins and eaten skins and all ; an egg, sometimes soft cheese and butter, stewed or fresh fruit, raw salading, etc.

Bed at 11 p. m.

Mr. Barker advises all who may wish to follow his example to proceed cautiously. "It will take the average person," he writes, "six months to obtain the full benefit of a return to a natural food and of the total

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elimination of medicine of every kind. Therefore I would recommend those who desire to reform their way of living not to engage in risky experiments, but to act under the guidance of a competent doctor, experienced in dietetics."—"Daily News"

WHAT TO EAT AND WHY.

(By Professor R. J. Harvey Gibson.)

Cut a fresh grain of wheat in two longitudinally, and with a sharp razor, pare off as thin a slice as possible from one of the exposed surfaces. An examination of the section under the microscope will show, externally a husk or fruit wall, covering a thinner layer, the wall of the seed, and within that again a sheet of cubical cells known as the "aleurone layer." The remainder is a solid mass of cells filled with starch, while at one end lies the embryo wheat plant or "germ." The outermost layers or "bran" amount to about 13.5 per cent. of the whole, the embryo accounts for about 1·5 per cent. while 85 per cent. forms the starchy mass.

When the grain as it is threshed from the ear is ground up entire we get "wholemeal," and from this was doubtless made the bread eaten by our less fastidious ancestors; but nowadays the grain goes through a process of milling, the end product being the finest and whitest flour.

EGGS NOT "FULL OF MEAT."

Our food consists of five constituents, or proximal principles :—proteins, carbohydrates, fats, salts and water; but the relative amounts of these in articles of diet vary greatly. Thus beefsteak consists of about 17 per cent. of protein, 30 per cent. of fat, 50 per cent. of water, 1 per cent. of salts but no carbohydrate. Boiled eggs contain about 12 per cent. of protein, 11 per cent. of fat, 74 per cent. of water and 1 per cent. of salts but again no carbohydrate; so that an egg is not so "ful of meat" as the proverb would have us believe. Cabbage has only 1 per cent. of protein, 14.5 per cent. of carbohydrate, less than 1 per cent. of salts, only 1-10 per cent. of fat and 83 per cent. of water while white bread gives 7 per cent. of protein, 48 per cent. of carbohydrate, 1 per cent. of fat. 1 per cent. of salts, and 43 of water.

A man, weighing eleven stone and doing light work, requires about 5 oz. of protein, 3·5 oz. of fat, 15 oz. of carbohydrate, and 1 oz. of salt per day With the knowledge of chemistry we now possess, it is possible, of course, to prepare such a diet in a pure and condensed form, but experimental feeding, both of man and animals, has taught us that such a pure diet will not keep the living machine healthy and in good working order.

SOLDIER DIET.

One of the commonest diseases of the East is beri-beri. During the siege of Kut, at the end of 1915, British soldiers suffered much form this malady, but not the Indian troops. This was because the Indians used

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whole-meal flour, while the British used white. When the British were put on the Indians' diet the beri-beri disappeared.

Scurvy is another disease that, in days gone by, took its toll of travellers in all parts of the globe where fresh vegetables were not available. Dried vegetables are of no use, as we found to our cost during the great war. Some of the foodstuffs that warded off beri-beri, such as dried peas and lentils, did not prevent scurvy—fresh vegetables alone were effective. In Kut, while the Indians were never attacked by beri-beri and the British were, the reverse was the case with scurvy, for medical reports tell us that there were 1,050 cases of scurvy among the Indians and only one among the British. Scurvy died away as soon as fresh vegetables were procurable.

VITAMINS.

But that is not all. Experiment has shown that all fats or oils have not the same dietetic value : animal fats are much more effective than oils refined from plants. Hence, during the war the Government insisted on margarine containing a certain percentage of animal fat. Lack of something in vegetable oil induces rickets in children ; the bones do not harden and growth is stunted.

Looking at the problem broadly, food to be of service must contain some other principles in addition to the five we have already found to be essential. These mysterious bodies are called vitamins, and we are now acquainted with three of them : vitamin-A, which is soluble in oil; and vitamin-B and vitamin-C, which are soluble in water. We do not know what they are composed of, for no one has yet extracted them. They cannot be purchased in a chemist's shop. The animal cannot make them, but must obtain them from the plant How they operate we do not know, although it has been suggested that they act as ferments "pulling the trigger as it were, to set other food substances at work to build up flesh and renew waste in the animal body."

"TOMMY'S" ORANGE-JUICE.

It would thus appear that our diet must include an animal fat, such as butter, cod-liver oil, or beef fat, for mutton fat is of little service, and lard is useless : as to cereals, vitamin-B is seated in the bran, the aleurone layer and the embryo, but not in pure white flour. Vitamin-C occurs in fresh green vegetables—cabbage, lettuce, and such like. It also occurs in lemons, but not in limes, and our troops in Mesopotamia did not recover from scurvy until lemon or orange juice was substituted for lime juice. In days long gone by, a maritime weed, called "scurvy grass" (cochlearia) was widely used as a remedy for this disease. It is not a "grass," however, but an ally of the cabbage, and its use is thus fully justified. It gives us another instance of the wisdom to be found in many of the old herbals, a study nowadays much neglected.

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Notes and News.

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CHITTARANJAN HOSPITAL.

LAYING FOUNDATION STONE OF SURGICAL ANNEXE.

To perpetuate the memory of the late Deshbandhu Das, the Corporation had thought of founding a hospital in his name, but as the cost was considered prohibitive, they decided to start a Surgical Annexe in connection with the already existing Chittaranjan Hospital at Entally, to be staffed by the Jatiya Ayurbijnan Parishad and governed by a Council consisting of representatives of the Corporation and of the Parishad.

The foundation stone of the Chittaranjan Surgical Annexe was laid by Mr. J. M. Sen-Gupta, Mayor, at the Jatiya Ayurbijnan Parishad (24 Gora Chand Road, Entally) in the presence of a large and distinguished gathering. The "pandal", which was erected for the purpose of accommodating the guests of the evening was tastefully decorated with flowers and festoons. Near the dais was a large size portrait of Deshbandhu Das, decorated with wreaths and flowers.

Amongst those present were Mr. Madan Mohan Burman. Mr. Santosh Kumar Basu, Mr. Satish Chandra Bose, Mr. Suresh Ch. Das, Dr. Sundari Mohan Das, Dr. S. K. Mukerjee, Dr. S. C. Sen Gupta, Mr. N. Chandra, Dr. K. S. Roy, Dr. S. N. Majumdar, Dr. S. K. Basu, Dr. U. N. Roy Chowdhury, Dr. A. K. Roy Chowdhury, Dr. T. N. Roy, Mr. Bepin Chandra Pal, Dr. U. N. Brahmachari, Mr. S. M. Bose Bar-at-Law, Dr. B. L. Chowdhury, Mr. S. C. Bose, M. L. C., Dr D. N. Maitra, Sir P. C. Roy, Mr. and Mrs. J. M. Sen-Gupta, Mrs. Santosh Kumari Gupta, Mr. J. N. Bose, Mr. B. M. Chatterjee, Mr. S. N. Haldar, Mr N. N. Basu, Mr. B. G. Goswami, Mr. Hathaway, City Architect, Sj Satyananda Bose and Mr. S. Saklatvala, M. P.

The proceedings commenced with a song specially composed for the occasion recalling the sacred memory of the late Deshbandhu Chittaranjan Das and asking for his benediction on this great occasion in the history of the Parishad.

Called upon to take the chair by Sir P. C. Roy, the Mayor Mr. J. M. Sen Gupta took his seat on the dias with Mrs. Sen Gupta and both were garlanded. Mr. Sen-Gupta then called upon Dr. Sundari Mohan Das to give a short history of the activities of the institution.

PRINCIPAL'S STATEMENT

Dr. Sundari Mohan Das said :—

Mr. President, ladies and gentlemen, with your permission, I will draw your attention to a few salient points with regard to our institution. The fist and most important is the magnificient grant by the Coporation of

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one lakh of rupees for the construction of a surgical annexe with up-to-date equipments. I shall not anticipate what the Mayor, the president will say with regard to the structure, but I submit that by laying the foundation stone of this institution, you will be furthering the cause of self-government for the institution is a lasting memorial to the late Deshbandhu who lived and died for Self-Government (cheers.)

The next point is that we have not been slow to take advantage of the kind gift made by the Corporation. Under the administration of the Corporation the average daily attendance at the out-door was about 70 patients daily, while the present average at the out-door has risen to about 150 to 200 daily and sometimes over 200. We started with 35 beds which have already been increased to 50, and will soon be further increased to 100 as soon as the building is complete.

The third point is we have almost fulfilled all the terms of the Corporation lease. I say "almost" because there are one or two conditions which we have not been able to fulfil yet. As I have already sated, within a very few months, we have been able to raise the number of beds to 50, we have started a Kalazar ward with 12 beds and an up-to-date Cholera Ward with 16 beds, which was declared by the late Dr. Crake and other authorities as the best Cholera Ward in Calcutta. We will also very soon have the number of beds increased to 100 and thus anticipate the terms of the lease by 3 years. According to the terms of the lease we have to raise the number of beds to 95 in 5 years.

WORK OF THE HOSPITAL

The next and the most important thing about this institution is the sanitary service, which is an individuality of our own. They have taken charge of Ward Health Association of Ward XX. The institution has formed three teams for health work, each under the supervision of a medical officer, and consisting of a Health Worker and 4 senior students as assistants. These have been treating Tuberculosis, Malaria and Kala-azar patients at the out-door and also at the homes of poor patients. With regard to Kala-azar our failure in treatment has been about 7 per cent.

But treatment is the least part of their work. They carry out sanitary survey in the localities where deaths from infectious diseases have occurred and from where infectious cases have been reported, advise people how to live sanitary life, they report nuisances to the Health Officer and they also do propaganda work by arranging lantern lectures. During the last small pox out-break near Hatibagan which threatened to assume portentious dimensions our students, medical officers and volunteers in co-operation with the Health Department and people of the locality carried out preventive measures which nipped the epidemic in the bud. They also extended their work to other quarters. In Ward IV there was a very bad outbreak of Cholera in a hut which was also promptly checked

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by this Association. They also sent a medical officerwith 40 volunteers to the Ganga Sagar Mela who, according to the Medical Officer in charge there, did yeoman's service. They also did good work in the Midnapore flood area and on several occasions during the Solar eclipse.

We have spent nearly three lakhs on buildings, equipment and establishment. For the maintenance of the hospital, we have been spending annually over Rs. 30,000 out of which we have been getting Rs. 7,500 only from the Corporation increased lately to Rs. 12,000. Now as soon as we shall be in a position to raise the number of beds to 100, we shall, at the lowest calculation have to spend Rs. 50,000 a year.

MORE MONEY NEEDED

The Carmichael Medical College gets Rs. 60,000 a year from the Government and Rs. 47,000 from the Corporation. Our only source of income is the Corporation and tuition fees and public donations,

Now the Bombay Corporation has been making a recurring contribu- of 5 lakhs to a private hospital managed by Indians. The Calcutta Corporation contributes 2 lakhs to medical institutions mostly maintained or aided by the Government and two lakhs more for the maintenance of their own institutions. Would it be too much to ask them to bear half the cost of maintainance of an institution practically their own and started by the 1st Mayor whose name is synonymous with sacrifice, charity and benevolence ?

In conclusion, I may say that I am proud of the Calcutta Corporation, which has been able to put us in our present position (cheers).

The President then called upon Mr. Bepin Chandra Pal to speak upon the subject.—In his speach Mr. Pal said that in serving the poor there is no question of politics. It is a matter where not only persons belonging to different parties but even the Government and the people can work together. The speaker continued—"Medical Education is just now suffering very much owing to want of adequate accommodation for the students. It is a patent fact that though the need for medical help is growing day by day hundreds of qualified young men are turned back from the Medical College, School and colleges in Bengal. From this point of view the Jatiya Ayurbijnan Parishad has come not a day too soon to relieve this "congestion" and also to contribute its solution the very complex and perplexing problem of the educated middle class in this province. As such, the hospital deserves all help. The Corporation has done practically all that it could do under its present position, financial and other, but what the Government is going to do ? The educational policy of the British Government for the last 75 years and more has been to transfer the burden of higher education including higher technical education from the State to private individuals and Corporations. In

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establishing this hospital, the Ayurbijnan Parishad has therefore practically tried to carry out a fundamental policy of the Government as laid down in Sir John Wood's despatch of 1854. The Government by itself has failed to meet the requirements of medical educatiod and so it should liberally help all such institutions founded and maintained by the educated public of Bengal, The Corporation has, as we understand from Dr. Sundari Mohan Das, fulfilled its conditions by providing for 100 beds within five years. I understand that Rs. 90,000 or nearly one lakh rupees a year will be required for its upkeep The finance for the building and the structures are also assured, I think. What is wanted now is the necessary fund for necessary cost of the upkeep of these beds which is rather a very expensive affair. I understand that most of the workers are honorary workers. We owe it to this institution and to them to secure all public help for this institution.

After Mr. Pal had finished Dr. P. C. Roy in his speech said that all over the world large number of hospitals were being maintained hy voluntary contributions. There are hundred such hospitals in London, even Bombay is far ahead of us in this respect. There the munificence of merchant princes has worked wonders The speaker refferred to the National Medical College of Bombay where he went last year. By this time it must have spent a crore of rupees There the municipal grant for this single hospital is Rs. 5 lakhs a year given on the condition that none but Indians should hold the Chair. Calcutta is supposed to be a rival of Bombay. So the citizens of Calcutta should liberally help the institution.

Sjt. Santosh Kumar Basu was the next speaker. He referred to the great solicitude which our late great leader had for this institution, the product of a great national struggle and typifying to a very large extent the leading lessons of the great leader. His was a devotion to duty without fear of consequences in the performance of which he brushed aside all opposition. When the question of helping this institution was first broached in the Corporation there was opposition from various quarters but the followers of Deshbandhu stuck to their gun with the result that all opposition was overcome so that this grant was passed unanimously—Indians and Europeans combining—giving a universal support to this institution. "I consider this to be one of the greatest achievements of the new Corporation. I hope our successors of the Corporation will continue to lend a helping hand to it.

Next speaker was Dr. D. N. Maitra who dwelt upon the utility of a well-conducted Hospital. By well-conducted he did not mean marble floors but kindness of heart and devotion to duty as marked the Chittaranjan Hospital which was being run by a band of selfless workers. Everyone knows that it is a difficult task to get beds in Calcutta and so

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this hospital ought to receive the patronage of all people of Calcutta who needed help and treatment.

After Dr. Maitra Sj. Brojogopal Goswami and Sj. Nripendranath Bose spoke. Sj. Goswami referred to the fact that the object of the hospital born of a spirit of service was not to turn out graduates for Calcutta but send them out to villages to help the poor and needy. Its usefulness was highly increased by annexing the surgical department. Its peculiar feature was that it was being supported not by the Government, not by Princes or Zemindars but by middle class people. Sjt. N. N. Bose laid stress on the Government's duty to help the Hospital.

The Mayor then rose to address the gathering. He felt highly honoured in being called upon to lay the foundation stone of the Surgical Annexe associated with the name of Deshbandhu. He would not refer to the many-sided activities of the late leader but what he wanted to point out particularly on that occasion was his unbounded love—for the poor, for the sick, for the oppressed. In laying the foundation stone he hoped that it will continue to relieve the sufferings of the people. He called this instittution a symbol of the great agitation that went through the country from 1924 onwards. Deshbandhu had so much love for it that when he was the Mayor he used to say that members of the Corporation should help it.

When the Corporation first granted lease for the land to the Haspital it was rather sceptic and so laid stringent conditions to it. The first condition of providing an in-door and out-door department has been fulfilled. The condition of starting a Cholera ward within a year has also been fulfilled. The condition of providing beds for treatment of rabies has not yet been fulfilled. So far as the last condition is concerned it lays down that 5 years from the date of such possession, build two masonry buildings, one for accommodating medical college and the other for the purpose of an additional hospital containing at least 50 beds and also to submit a plan for the future extension for approval by Corporation." So far as beds are concerned 50 more beds have been provided. It is only one more building that has got to be constructed, i.e. Jatiya Ayurbijnan Institute. He had no doubt that the institution would progress and continue to receive universal public support. He thanked the Principal Dr. Sundari Mohan Das, Dr. S. C. Sen Gupta, the internal Secretary and Dr. K. S. Roy the financial Secretary of the Institute for the loyalty and devotion with which they served the Institue.

The Mayor continued—"The Corporation at first gave only Rs. 7,500 a year to this Institution. This year, we raised the recurring grant to Rs. 12,000, and I have no doubt as the Institution improves and time goes on the recurring grant will also be increased. And so far as capital grant concerned, I understand that acquisition of more land round about

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the place, will be necessary for the extension of this Institution, and I can assure you that the Corporation, if it is at all within the influence of the Congress, will not hesitate to use its power for acquiring more land. I hope the Institution will have years of successful career." "We shall now proceed to lay the foundation stone."

THE LATE KAVIRAJ GANGADHAR SEN

Tributes to His Memory.

The portrait of the late Kaviraj Gangadhar Sen, the poineer and inaugurator of the present Ayurvedic age in Bengal was unveiled by Maharaja Sir Manindra Chandra Nandy at a public meeting held under the auspices of the Vaidya-Sastra Pith at Albert Hall in the afternoon of the 17th June, 1927. There was a large gathering. Among those present were :— Mahamahopadhyaya Pandit Panchanan Tarkaratna, Kaviraj Sital Chandra Chattopadhaya, Kaviraj Syamadas Bachaspati, Mr. Kshitish Chandra Neogy M.L.A., Rai Bahadur Jaladhar Sen, Kaviraj Haran Chandra Chakravarty, Mahamahopadhyaya Pramathanath Tarkabhusan, Dr. Barid Barn Mukherjee, Kaviraj Ram Chandra Mullick, Kaviraj Kalibhusan Sen, Jogesh Chandra Sen, Jyotirmoy Sen, Kumar Krishna Kumar, Rai Bahadur Chandi Charan Chatterjee, Kaviraj Jogendaa Chandra Sarhadarshan-sastri, Mr. Satyananda Bose and others.

Sir Nalini Ranjan Chatterjee, Mahamahopadhyaya Kaviraj Gananath Sen, Jnanendra Nath Sen—Principal Government Ayurvedic College Patna, Rai Bahadur Dr. Dinesh Chandra Sen and others sent messages of sympathy.

Kaviraj Syamadas Bachaspati, in a feeling speech, paid glowing tributes to the memory of Kaviraj Gangadhar who, he said, was an institution in himself. "A profound scholar, vastly learned in Smriti, the Vedas, Philosophy, Literature and Astrology, the greatest of the Ayurvedic physicians, he devoted his life for the collection of the missing links of Charaka, the great book of Ayurveda and brought it within the reach of all by his life-long labour. What Ayurveda is to-day was due to Gangadhar Sen. He lived all over the country through his disciples and will live as long as Ayurveda lives."

Maharaja Manindra Chandra Nandy, in unveiling the portrait, referred to the great services Gangadhar Sen had done to the country by preserving Ayurveda in his invaluable work and by bequeathing

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to the future generations the invaluable treasure. The Maharaja appealed to the people of Bengal to take immediate steps to collect, preserve and publish his works for the benefit of Ayurvedic science and of humanity.

Dr. Barid Baran Mukherjee said that Ayurveda was the mother of all medical sciences and it afforded an inexhaustible mine of materials for modern scientific researches. So they should all unite in paying their homage to the great man.

Kaviraj Haran Chandra Chakravarty, a disciple of Gangadhar Sen, said Gangadhar was the epitome of all culture and knowledge. He could foretell things as none could have done and they—his disciples—regarded him as a superman.

Mahamahopadhyaya Pandit Panchanan Tarkaratna, Mahamahopadhyaya Pandit Pramathanath Tarkabhusan, Rai bahadur Jaladhar Sen and several other speakers addressed the meeting.

Pandit Taramohan Vedantasastri, in offering thanks to the President, and to the Vaidya Sastrapith for organising the function, said that those who complained that the culture and study of Ayurveda had been deteriorating should turn to the Vaidya Sastrapith, which was making praiseworthy efforts in the study and propagation of Ayurveda on right lines. He had gone and seen the scholars and professors at work himself and was much impressed.

Reviews and Notices of Drugs.

HORLICK'S MALTED MILK.

In our observations under this heading in our March number in commenting on HORLICK'S MALTED MILK, we have perhaps left our readers under a misimpression that this food contains starch. We have just read a most interesting two-column report in "THE SLOUGH OBSERVER" by a British Journalist who gives a very lucid description of the factory and its methods.

We note that there is no starch, the process is based on starch conversion by diastasis and Messrs. Horlick are more vehement than ourselves in their condemnation of starch as an ingredient of Infants' Food under at least 6 months. The Australian Government actually prohibits the importation of the selling of such foods for infants but admits HORLICK'S MALTED MILK as it contains none.

This Product is about one-third milk solids and two-thirds cereal extracts derived from a mixture of pure milk with wheat and barley liquid extracts, desiccated in vacuo. The starch of the grains is completely

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saccharified, being hydrolised into maltose, dextrine and the intermediate malto-dextrins.

As early as 1872 Messrs. Horlick recognized that the mouth digestion of starch is very slight in young babies and that it is only later that the active pytalin of the saliva can convert starch into maltose and the amylopsin of the pancreatic juice break down the starch first into dextrine, and then into maltose. Once at this stage the maltose of the succus entericus easily splits maltose into dextrose or glucose since maltose consists of 2 molecules of glucose in exact apposition It is now universally recognized that the assimilability of maltose is twice that of lactose or cane sugar. They, therefore, follow Nature very closely and utilize the fact that the malted barley contains an enzyme *diastase* (something like the *pytalin* of the saliva) capable of breaking down starch into maltose, which the pytalin of young babies is not sufficient to effect, whilst babies of all ages have a high tolerance for maltose itself.

The milk solids provide the casein, lact-albumin and protein, the latter being supplemented by the soluble proteids of barley and especially wheat.

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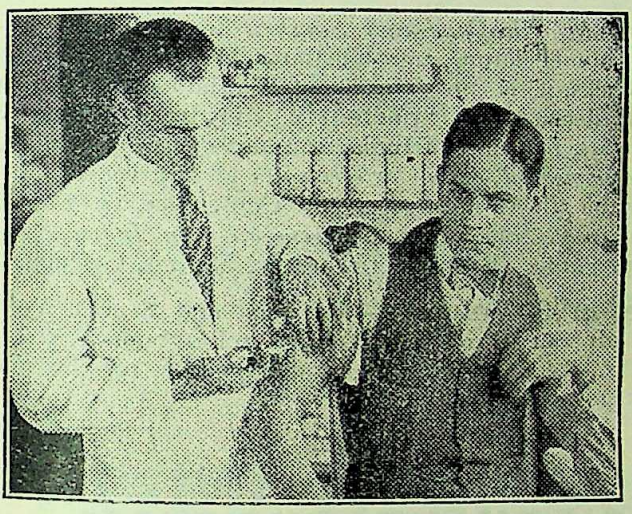

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The Journal of Ayurveda

or the Hindu System of Medicine

Vol. IV.] July, 1927. [No. 1.

EDITORS: GIRINDRANATH MUKERJEE, B.A., M.D., F.A.S.B.
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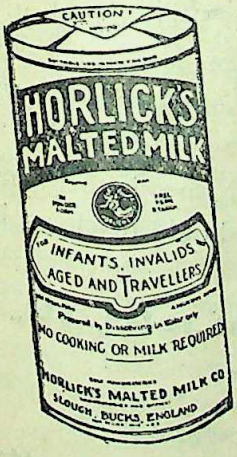

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Contributions, both medical and Ayurvedic, are invited from our readers and the medical profession, which should reach us by the 30th August 1927.

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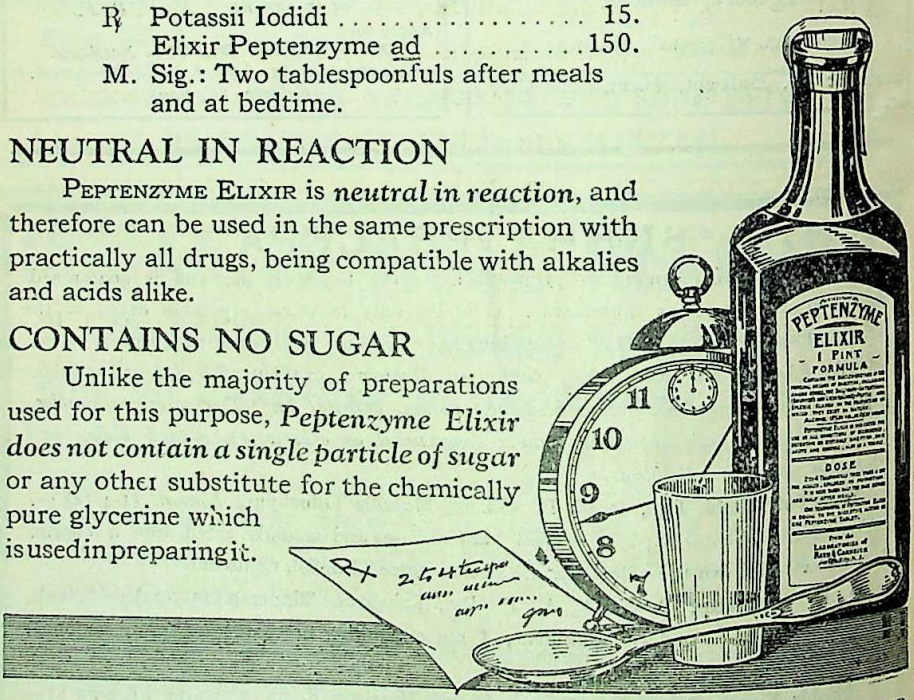

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THE JOURNAL OF AYURVEDA

Vol. IV.] July, 1927. [No. 1.

Indigenous Systems of Medicine in Ceylon.

Rejoinder to the British Medical Association
(CEYLON BRANCH)

BY

DR. M. R. SAMEY, Ph. D., M. D., KAVIRATNA., VIDYABHUSHANA, ETC., ETC., BANGALORE.

When the Pundits of the Medical Profession conspire to crush a system of medicine which is not palatable to them, the usual pretext adopted is that it is not scientific. The same old game again. From the time of Samuel Hahnemann, the great apostate from the orthodox medical school (Allopathy), the stratagem has been applied ad nauseam. But the Scientific Medical profession has always boosted the system it wanted to supplant by their violent antics of intolerance. In spite of the Founder of Homeopathy being banished from his country for a while the system he has founded has embraced in its toils the foremost and leading lights in the medical profession the world over in the two Hemispheres.

What could not be accomplished by prejudice entrenched in power and buttressed in authority in regard to a new-founded school of rival practice in the so-called home of Scientific Medicine cannot certainly be achieved with regard to a hoary-headed and well-founded system of medicine—"Ayurveda" in its very : citadel, India or Ceylon, by the just as good scientific doctors flourishing in the reflected light of "Scientific Medicine" from beyond seven seas

The first flash of conversion of the ardent East to Western glamour has had its nemesis in pooh-poohing

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of everything Eastern, but now the tables are turned against this fashion.

When Eastern Philosophy has stamped its suzerainty in all the seats of learning, when classical achievements of India are being sung by Western bards in peans of praise, it is only a purblind vision that sees motes in Eastern lore because of its age.

"Ayurveda"—"The Science of Lifte" has a grandeur all its own in the very comprehensiveness of its name and the imagination of the "Christener" of this Science was not cribbed, cabined and confined as those who baptised Allopathy, Hydropathy, etc., etc.

"What is there in a name," says the poet. But there is, I say, everything in a name. Does not 'Pathy' stand for a system of mode of cure, and has not this limitation confined the imagination of its votaries even to-day so as to witness the sensation-mongering kind of vindictive alarm at the prospect of the revival of indigenous systems of medicine in Ceylon ?

The poor patriotic lay Legislative councillors come for a good deal of criticism. It was Hehir who said, 'You can fool judges and barristers but not us (doctors)" This is a poor idea of our Legislators. A Bismark may retort, 'That you doctors have already taken a good lot of concessions by coercion, but now if you insist on concessions more and ever more you will do so at the risk of your "Capita."

A Medical Oligarchy naturally desires to political dominion. The Trade Guild Instinct of the Medical Profession has come for a good deal of comment and commotional attack of late. Political jobbery in medicine is a sure sign of its decay and in the fierce battles raging between the orthodox Medical profession and the protestant Medical profession this apellation is come to be levelled at "Scientific Medicine", "*State-protected Experimental quackery.*" Can it be true ? If not, why

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does not this so-called Scientific Medicine tolerate any poacher howsoever, ancient or modern, Eastern or Western, on its Medical preserve ?

MATERIAL QUESTIONS.

En passant I shall discuss the "highly material questions" raised in the article in the B M. A. (C. B.) Magazine :—

1. There is a definite system of medicine indigenous to Ceylon which is capable of being taught to those seeking to qualify themselves as indigenous medical practitioners and it has been proved to the hilt by the Majority Report. To deride the Madras Report as the Bible of the Ceylon Committee has as much point in it as deriding British Medical Acts and Codes based on Greek Classics as the Bible of the Ceylon Branch of The Medical Association Politics apart. As for Rs. 60,000 lying idle in the hands of the Ceylon Oriental Medical Committee for over a decade, the brandishing of the Big-Stick, B. M. A. (Ceylon) is potentially responsible. When the Government established by law in Ceylon constitutionally appoints a Committee to report on the Indigenous Systems of Medicines and when its responsible Councillors submit a deliberate report published by authority, the Ceylon Branch of the British Medical Association creates a stir and blaze and rises up in arms against the advancing sea of public opinion endorsed by Government in its Canute-like assurance to bid the advancing waves back, one can imagine the modesty of a private Medical Fund to incur the wrath of the mighty in their thrones of B. M. A., Ceylon.

2. The paucity of text books need not deter any one since it is a law of Demand and supply. Let there be a demand for text books in the vernaculars of the land and there will be forthcoming the needed supply too. This is a natural law.

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In the Osmania University at Hyderabad (Deccan in India) the whole Medical Curriculum up to M. B. and M. S. is taught in Urdu in the vernacular of the land. The Senators of Osmania were never deterred to issue their "Firman" to order highest University standard in vernacular for paucity of books. What is possible in Hyderabad is doubly possible in Ceylon if only the necessary impetus is given.

3. Uniformity in the praticular system of medicine in Ceylon, India or U. S. A. is a myth pure and simple. No two doctors of Allopathy prescribe alike in the same street and how can the practice the world over be identical? There are only certain fundamental principles of treatment and nowhere is it so uniform and universal as in Ayurveda whose Tridosha Theory is adhered to in all climes and countries by all votaries of the Indigenous System of Medicine. Whereas the changing theories of the "alleged" Scientific Medicine miss their uniformity from day to day, the accomplished pathology of Ayurveda is maintaining its uniformity for an unbroken period of 2,000 or 3,000 years down to date without changing chameleon-like its pigment or colour. To denounce by book, bell and candle the static character of Ayurveda and hang it to the nearest tree for its unprogressiveness and in the same breath to tilt it for its lack of uniformity is to run with the hare and hunt with the hound.

4. The practicability, justification and necessity for a Government spending ten millions of rupees annually on a "Scientific System of Medical Relief" has been proved beyond any avail but "Contempt prior to Investigation" by the Majority Report and to charge them with bias is the most convenient method of disposal by those whose argument is "I do not like you Jhonny Smith, because I do not like you" As for the approval by all civilized nations of the 'earth to-day' of Allopathy the less said the better.

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The United States of America which is indubitably accepted as in the vanguard of civilization has approved bedsides Allopathy, Homeopathy and Eclectric Systems. The great Universities of America have medical faculties open to Homœopathy Systems. The Eclectric Medical Practitioners of the U. S. A. are an influential community in Medicine. The House of Lloyd Bros. (Inc) Cincinati, Ohio, are world-famed for their Specific Medicines. The U. S. Dispensatory and Pharmacopoeia are the Bible of the Quinquinnial Committee for the revision of the British Pharmacopoeia wherein one can see the surreptitions enlistment of various American Botanic Medicines.

The Thomsonians were ridiculed in the last century but are now Progress Ports of Specific Medication. The Shot-gun practice of Allopathy has left lengthy lacunae for the various systems to flourish even in Western countries, the home of our "Scientific Savants". Eclectic Medicine is the American Medicine ; the National System of Medical Relief and the State Hospitals of U. S. A. are compelled to improvise treatment to their sick wards in accordance with the three recognised modes of cure.

The State Medical Board of U. S. A. have Committees for the State Board Medical Examinations for admission of Medical Graduates in all the three Medical Systems approved by the Government of U. S. A. As such, the National Medical Systems of India and Ceylon deserve no supplanting, but need supplementing and that is what is done by all civilized nations of the earth to-day, viz., "Nationalization of Medical Practice" in the light of their special inheritance and genius. "Self-determination in Medical Practice" is the slogan of all civilizations, be it in Medicine, Art or Politics.

The measure of survival of the ancient civilization in the midst of aggressively young civilizations is the measure of National greatness and glory and the degradation of a

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Nation is indicated by its passionate hugging to its bosom the "Goods of Brummagam" to the exclusion of all aesthetic things of their own. Every Medical Practice is the result of a coalescence of the remains of several crude prehistoric systems of Medicine and more so Allopathy than Ayurveda, Siddha or Unani. Because the Rishis who established Ayurveda were never as crude as those who suggested blood-letting and leeches for every conceivable malady, their system also has survived and is a peer of the Realm of Medicine to-day.

I do not mean to wear out the patience of my readers in refuting other jejune criticisms of the majority recommendations. They are, in a word, sterile and prejudiced attacks not worth a moment's notice.

The whole article is a piece of "Intolerance and Prejudice" unbridled by Prudence and untempered for any purpose but their own self-interest. The very warp and wool of all contention is unmitigated contempt for Ayurveda and obdurate obscurantism of the most intolerable variety.

Medical Pharisees the world over have fought against good revivals in this fashion in all ages. Human ingenuity can make black look white and white black, but truth wins and before an ounce of truth a ton of falsehood stands beaten.

The Wadding cloth and winding sheet that the article wished to provide for Ayurveda have been unconsciously converted into bridal dresses and marriage bouquet by the donor in the valedicting portion. A mourning party is converted into a marriage party and its obiter dictum on Ayurveda has been huge Hallelujah for its success.

The inevitale happens, the unexpected befalls. The gloomy undertakers become the jovial bridal entourage. This reminds me of a fine couplet :

"There is a Divinity which shapes our ends.
Rough hew them how we will !

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THE YEAR OUT.

By the grace of the Almighty and the kind co-operation of our readers, contributors and well-wishers, the Journal of Ayurveda has completed another year's exitence and steps into its fourth year after a much too eventful third year.

The sudden demise of the late lamented Kaviraj A. C. Bisharad, M.R.A.S. (Lond.), Vishagbhusan at the prime of life was no doubt a great blow to the cause of the Journal, as he was its Founder, Proprietor and Managing Editor. His sudden death upset us so much that we had to struggle hard to get over the difficulties that stared us in the face in the absence of such an ardent and useful worker from our midst.

We could hardly get over the shock when Mahamahopadhyaya Kaviraj Gananath Sen, Swaraswati, M.A.. L.M.S., our late Hony. Editor-in-chief servered his connections with us as an Editor due to indifferent health. Although his connection with the paper was an asset, yet his health did not permit him to contribute much to the Journal for the last 12 months. The incident was no doubt a trying one, yet we managed to keep up the standard of the Journal and to find out another able Editor. However, we hope he will be restored to his former health very soon and enlist his former sympathy to the journal for which he worked so hard in the past.

We are glad to inform our readers and well-wishers that we have got a very able Editor, this time active, in Dr. Girindra Nath Mukerjee, M.D., F.A.S.B., Vishagacharyya, a well-known Research Scholar of international fame and voluminous writer already known to our readers. He is taking a keen interest in the conduct of the journal, while Kaviraj Shibnath Sen, B.A.. M.B., Kaviratna, our young Editor, is doing his best in his youthful and energetic way and we have every reason to believe that the consumate scholarship and matured erudition of Dr. Mukerjee matched with the youthful vigour of Kaviraj Sen will brighten up the future prospect of the journal.

Besides, we are receiving good support from countries outside India and it is a matter of pride to say that our circulation in Europe and America has come up to one hundred copies monthly. We are also getting steady patronage from our advertisers and our thanks are not less due to them. In spite of our difficulties throughout the past year, we have managed to pull through and the result has been quite encouraging.

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The past year has been full of incidents unfavourable to the cause of Ayurveda. In this year Ayurveda lost her greatest and most devoted son, Jaminibhusan. Besides Jaminibhusan, she lost Kavirajes A. C. Bisharad, Hem Chandra Sen and Durga Das Bhatta and other famous well-wishers like Dr. Lohakere.

As nothing is entirely bad, the last year too was not devoid of incidents beneficial to Ayurveda. The year saw the publication of the Report of the Committee on Indigenous System of Medicine, Ceylon, which recommended Ayurveda for Government aid. The same year saw the establishment of Ayurvedic Colleges at Patna and Benares by their respective Governments which are thriving quite well. The year also saw the opening of the Indoor Hospital attached to the Jaminibhusan Astanga Ayurveda Vidyalaya in Calcutta.

Elsewhere is published the report of the opening of the Arogya-shala (Hospital) attached to Jamini Bhusan Astanga Ayurveda Vidyalaya. In the hospital there is ample accommodation for 125 indoor patients, but at present arrangements have been made for only 50 patients. Patients are being admitted daily for treatment and nursing strictly according to the Ayurvedic system. Prominent Ayurvedists of Calcutta have taken over the charge of the wards. No pains are spared to give the patients home-comforts. Special attention is being given to supplying diet consisting of absolutely pure food stuffs. A learned Kaviraj has been appointed to supply and supervise the preparation of all diets recommended by the visiting Physicians. The members of the Executive Council are almost daily visiting the Hospital to see for themselves how things are being managed. Some of them are examining even the minutest details and enquring of the patients one by one if they have any complaints to make.

About three-fourths of the total number of beds have been already filled up with patients, most of whom have sought for admission here after being pronounced incurable by prominent physicians outside. They are improving favorably and no death as yet has occurred, though it is more than a month that patients are being admitted.

We invite medical men all over India as also national workers and those of our country men who love Ayurveda, which is our own system of medicine, and lastly those who really seek for the truth in medicine to step in once and visit this small beginning of a vast undertaking. The organisers of the Institution will be

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very glad to receive them, aa also to admit patients from any part of India—patients with typically obstinate ailments. All cases are admitted except cases of Tuberculosis and Insanity. Female patients are not admitted for the first six months only. Arrangements for separate paying rooms or cabins can be made for well-to-do patients.

The Report of the Ayurvedic Committee for Bengal was complete long ago but the same has not seen the light of day as yet. The reason is manifold. The report was complete during the regime of Sir Surendranath and was to have been published during the life-time of the second council; but the short-lived ministry was so occupied with the task of retaining services that it had no time to undertake any work calculated to promote public good. We, however, wished much from the present some-what-stable ministry and when the Hon'ble Mr. Chakraverty got the Medical port-folio, we were beginning to be sanguine, rather, almost confident, about the glorious future of Ayurveda under state-help in Bengal. But the retiring Governor, H. E. Lord Lytton decreed it otherwise and just as a finishing touch to his long career of failures, he transferred the Medical portfolio to Hon'ble Mr. Guznavi just before retiring. Hon'ble Mr. Guznavi is, in his turn, more busy with the problem of "Music before Mosque" and his tours throughout Bengal to gain popularity. Then there is another aspect of the affair. The Committee while recommending Ayurveda for State-aid could not arrive at the same conclusion with regard to Unani and Tibbi systems. This might be too much against Ayurveda to merit any help from a staunch Mahomedan like Hon'ble Mr. Guznavi. We shall not be, therefore, surprised if nothing happens for Ayurveda during the regime of the present council as well.

Although the attitude of the Government of Bengal has been always apathetic towards Ayurveda, the Corporation of Calcutta has been rendering a valuable help towards its cause. Besides recurring grants to the three principal Ayurvedic Institutions, viz; (1) Jaminibhusan Astanga Ayurveda Vidyalaya, (2) Govinda Sundari Ayurvedic College, (3) Vaidya Shastra peeth, it is running a good number of Ayurvedic Charitable Dispensaries in the City. Our sincerest thanks are always due to this body.

Apropos the Report of the Jaminibhusan Astanga Ayurveda Vidyalaya, published elsewhere. We understaud that the fund of of the new Institution was not sufficient for the Building already constructed and the Vidyalaya is at a debt of Rs 25000, inspite

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of the handsome donations by the late lamented founder and other well wishers. In this connection, it may be remembered that Mahamahopadhyaya Kaviraj Gananath Sen, M.A., L.M.S., Saraswati, Ex-President and Present Principal of the College very kindly promised to donate Rs. 50000 towards the college, of which he has paid, as the report shows, only Rs. 5000. Now that the College is in debt, we sincerely hope that he would pay off the balance and free the Institution of its liabilities. Now that he occupies the same position as was held by its founder, rather a more responsible one, an Indoor Hospital being opened, we have every reason to believe that he will consider this.

We are glad to learn that the Government of the Central Provinces is going to move a resolution for appointing a Committee to enquire into the possibility of establishing a *Medical College* including an *Ayurvedic section* in the province. (A full text is published elsewhere).

So far, the personnel of the proposed Committee consists of 8 members and one President. Of the 9, 5 are Medical men qualified in the Western System and so the balance is not very favourable for Ayurveda. Besides, Ayurveda is referred to in only one clause. (C. F. clause No. 3).

We would only wish that 5 of the members were outside the fold of Allopathy ! However, as there are as many as two Indians who are so qualified, we can conveniently expect much from them regarding Ayurveda. But we would strongly protest against the wording of the main resolution which proposes to establish a Medical College including an Ayurvedic section. In our opinion, we trust we have by this time established fully the claims of Ayurveda as a separate Science of medicine and nothing short of a separate Ayurvedic College on lines of Madras, United Provinces or Bengal (in the last case, of course non-official) would satisfy our aims. We do not claim perfection, as no science has ever done, but what we mean to establish is this that Ayurvedic Meteria Medica (Medicines) is more perfect and suits Indians better than other medicines, be they of any *pathy* whatever. Surgery and Midwifery are lost to Ayurveda since the advent of Buddhistic supremacy due to their "Ahimsa" cult. So there is no harm if this portion of Medical Science is incorporated from the Western System of Medicine, and we are of opinion that Ayurveda would be perfect in this way. That Ayurveda is not honoured to-day is not due to any shortcoming on the part of the Science itself, but due to

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the incomplete education of its present votaries. We wish the Government of the Central Province would see its way to establish an Ayurvedic College on the lines of Jaminibhusan Astanga Ayurveda Vidyalaya of Calcutta, where Ayurvedic medicines together with Western Midwifery and Surgery is being taught to the students.

In conclusion let us thank our numerous contributors, readers, and well-wishers for their valuable co-operation, but for whose help, we could not have completed this eventfull third year. It may be mentioned in this connection that we are beginning the fourth year with a brighter out-look and trust all our friends will accord us the same sympathy and co-operation as in the past and forget and forgive us for our shortcomings and mistakes in the performance of our onerous task. We sincerely wish them a happy new year.

H. N. C.

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Original Articles.

CHAKRAPANI DATTA (1060 A.D.)

BY

DR. GIRINDRA NATH MUKERJEE, B.A., M.D., F.A.S.B.

—:o:—

(Continued from our last issue.)

Analysis of the Contents of *Chakradatta*.

	SUBJECTS.			
	मङ्गलाचरणं	...	Introductory salutation	
1.	ज्वर चिकित्सा	...	Treatment of Fever	
2.	ज्वरातिसार चिकित्सा	...	,,	,, with Diarrhœa
3.	अतीसार ,,	...	,,	Diarrhœa
4.	ग्रहणी ,,	...	,,	Chronic Diarrhœa
5.	अर्श ,,	...	,,	Hæmorrhoids
6.	अग्निमान्द्य ,,	...	,,	Anorexia, Dyspepsia, Indigestion, Asiatic cholera, Cholera sicca.
7.	क्रिमि ,,	...	,,	Worms
8.	पान्डुरोग ,,	...	,,	Anæmia, Jaundice, and Malignant Jaundice
9.	रक्तपित्त ,,	...	,,	Hæmorrhage
10.	यक्ष्मा ,,	...	,,	Phthisis, Consumption, Ulcer
11.	कास ,,	...	,,	Cough
12.	हिक्काश्वास ,,	...	,,	Hiccough, Asthma
13.	स्वरभेद ,,	...	,,	Hoarseness
14.	अरोचक ,,	...	,,	Aversion to food
15.	छर्दि ,,	...	,,	Vomitting
16.	तृष्णा ,,	...	,,	Thirst
17.	मुर्च्छा ,,	...	,,	Fainting, Giddiness, Sleep and Appoplexy
18.	मदात्यय ,,	...	,,	Delirium, Tremens, Alcoholism
19.	दाह ,,	...	,,	Burning; heat.

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20.	उन्माद चिकित्सा	...	...	Treatment of Insanity and Delusion
21.	अपस्मार	,,	...	,, Hysteria, Epilepsy
22.	वातव्याधि	,,	...	,, Convulsions and nervous diseases
23.	वातरक्त	,,	...	,, Leprosy
24.	उरुस्तम्भ	,,	...	,, Paraplegia
25.	आमवात	,,	...	,, Acute Rheumatism.
26	शूल	,,	...	,, Colic
27.	परिणामशूल	,,	...	,, Gastroperiodyni
28.	उदावर्त्त	,,	...	,, Diseases caused by inhibition of natural functions : Aneuria and stoppage of defæcation, yawning, etc.
29.	गुल्म	,,	...	,, Tumours.
30.	हृद्रोग	,,	...	,, Diseases of Heart
31.	मूत्र	,,	...	,, Strangury.
32.	मूत्राघात	,,	...	,, Retention of urine.
33.	अश्मरी	,,	...	,, Stone or Calculus.
34.	प्रमेह	,,	...	,, Diabetes Insipidus and Mellitus, Carbuncles
35.	स्थौल्य	,,	...	,, Obesity.
36.	उदर	,,	...	,, Abdomiual diseases.
37.	प्लीहायकृत्	,,	...	,, Spleen and Liver.
38.	शोथ	,,	...	,, Inflammation.
39.	वृद्धिवृद्ध	,,	...	,, Hernia, Hydrocele Hæmatocele, etc.
40.	गलगण्ड-गण्डमालापची गन्दार्व्वुद	,,		,, Bronchocele, Scrofula, Enlargement of Lymphatic glands, Cystic Tumours of neck.
41.	श्लीपद	,,	...	,, Elephantiasis.
42.	विद्रधि	,,	...	,, Deep abscesses.
43.	व्रणशोथ	,,	...	,, Abscess.
(a)	शारीरव्रण	,,	...	,, Ulcer
(b)	सद्योव्रण	,,	...	,, Wounds,

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44.	नाडीव्रण	चिकित्सा	...	Treatment of Sinus or Fistula
45.	भगन्दर	,,	...	,, Fistula-in-ano
46.	उपदंश	,,	...	,, Upadansa, Venereal disease, Syphilis
47.	शुक्रदोष	,,	...	,, Diseases of Penis caused by Suka
48.	भग्न	,,	...	,, Fractures and Dislocations
49.	कुष्ठदोष	,,	...	,, Diseases of the Skin, Leprosy
50.	शीतपित्तोदर्दकोष्ठ	,,	...	,, Urticaria ; Urticaria evanida
51.	अम्लपित्त	,,	...	,, Dyspepsia with vomiting, purging, hæmatemesis, pyrosis and acidity.
52.	विसर्प विस्फोट	,,	...	,, Erysipelas, Boils
53.	मसूरिका	,,	...	,, Small Pox, Varicella and Measles.
54.	क्षुद्ररोग	,,	...	,, Minor diseases
55.	मुखरोग	,,	...	,, Diseases of mouth
56.	ओष्ठरोग	,,	...	,, Diseases of Lips
57.	दन्तवेष्ठगतमुखरोग	,,	...	,, Gum
58.	दन्तगतमुखरोग	,,	...	,, Teeth
59.	जिह्वागत मुखरोग	,,	...	,, Tongue
60.	तालुगत मुखरोग	,,	...	,, Palate
61.	कण्ठगत मुखरोग	,,	...	,, Throat
62.	सर्व्वसरा मुखरोग	,,	...	,, Face
63.	कर्णस्रोतोगतरोग	,,	...	,, Ear passages
64.	कर्णरोग	,,	...	,, Ears
65	नासारोग	,,	...	,, Nose
66.	नेत्ररोग	,,	...	,, Eye in general
	(a) नेत्रकृष्णगत रोग	,,	...	,, Black part of the Eye
	(b) नेत्रदृष्टिरोग	,,	...	,, Pupil, Cataract
	(c) नेत्रशुक्लगतरोग	,,	...	,, White part of the eye
	(d) नेत्रसन्धिगतरोग	,,	...	,, Joinings of the eye
	(e) नेत्रवर्त्मगतरोग	,,	...	,, Eye-lids
67.	शिरोरोग	,,	...	,, Head
68.	स्त्रीरोग	,,	...	,, Diseases of Women

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69. अभ्यादर चिकित्सा ... Treatment of Dysmenorrhœa and Menorrhagia

70. योनिव्यापद् ,, ... ,, Diseases of Vagina

71 कन्द ,, ... ,, Prolapses of uterus

72. मूढ़गर्भ ,, ... ,, Dead fœtus, difficult labour

73. सुतिकारोग ,, ... ,, Peurperal Fever and Diarrhœa

74. स्तन्यदुष्टि ,, ... ,, Derangements of milk

75. बालरोग ,, ... ,, Diseases of Children

76. विष ,, ... ,, Poisons.

IV. *Bhanumati*. The book is also called *Sushruta-tatparyatika*. It is a commetary on *Sushruta Samhita* by Mahamahopadhyaya Chakrapani Datta.

Beginning :— गुणवर्यविभेदेन सुर्त्तिवर्यमुपेयुषे
वर्यीभूवे विनेतवाय विलोकोपतये नमः ॥
सरस्वती नमो यस्याः प्रसादात्पुण्यकर्मभिः ।
यदारोपन संक्रान्तं (?) जगदध्यचमीचाते ॥
ब्रह्मदत्तास्विदेवेशधन्वन्तरिमुखान गुरून् ।
जगच्छत्तिं गणाधीशं चक्रपाणिर्नमस्यति ॥
असद्बोध्यमशक्तन्नसौश्रुताम्भोजबोधिका ।
वासवश्रीरिवावद्या टीका भानुमती मया ॥

इति महामहोपाध्याय श्रीचक्रपाणि दत्त कृत सुश्रुततात्पर्यटीकायां भानुमत्यां सूत्रस्थानं समाप्तं ॥

Mss.—I. O. 2647. p. 928.
A. M. P. 42.

The complete copy of *Bhanumati* is available in Benares. See *Recentes decouvertes*, p. 12.

Authorities quoted.

Charaka, Bhattara Harichandra's Comment on Dirghajivitadhaya.

Whether the author has commented on the whole of Sushruta's *Ayurveda Sastra* does not appear from the present Mss. The commentary, so far as it goes, is however a very useful one; the author often weighing carefully the views of his predecessors referred to in general terms such as "*ityeke*" etc. The only authority he often quoted by name is Charaka, from whom he

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adduces parallel passages in illustration of Sushruta's opinions. On fol. 56 he also refers to Bhattara Hari Chandra's comment on the *Dirghajivitiya Adhaya*, the first Adhaya of the *Charaka Samhita*.

The *colophon* runs thus:—

इति महामहोपाध्याय श्रीचक्रपाणिदत्त कृत सुश्रुततात्पर्य्यटीकायां भानुमत्यां सूत्रस्थानं समाप्तं ॥

[H. T. Colebrooke].

The complete copy of *Bhanumati* is said to be extant in Benares. See *Recent Decoveries* P. 12. "According to Dr. Cordier (*Recentes Decouvertes l'Inde*. P. 12) there occur numerous quotations from C. P.'s commentary in the *Ratnaprabha*, a work by Nischala Kara" which refer themselves to all the sections "of Sushruta's text book." (Hoernle, *J. R. A. S.*, p. 284 Art. *Ancient Indian Medicine*).

VI. *Ayurvedadipika.*—It is a commentary on the *Charaka Samhita* by Chakrapani. It is written on the basis of the commentary of his preceptor, Naradatta.

Beginning :— गुणवयर्विभेदेन मुर्त्तिवयमुपेयुषे ।
बयीमुवे विनेवाय विलोकीपतये नमः ॥
सरस्वत्यै नमो यस्याः प्रदासात्पुण्यकर्म्मभिः ।
बुद्धिदर्पणसंक्रान्तं जगदध्यक्षमीक्षते ॥
ब्रह्मादक्षाश्विदेवेशभरद्वाज पुनर्व्वसु ।
हुताशवेशश्यरक प्रभृतिभ्यः नमोनमः ॥
पातञ्जलमहाभाष्यचरकप्रतिसंस्कृतैः ।
मनोवाक्कायदोषाणां हर्त्रेऽहिपतये नमः ॥
नरदत्तगुरुर्द्विश्चरकार्थानुगामिनी ।
क्रियते चक्रदत्तेन टीकायुर्व्वेददीपिका ॥
सद्भ्यः सद्गुरुवाक्यसुधाद्युतिपरिस्फोतद्युतोनस्त्रिवो
नालं तोषयितुं पयोदपयसां नाम्भोनिधिस्तृप्यति ।
व्याख्याभासरसप्रकाशनमिदं तास्मिन्यदि प्राप्यते ।
क्वापि क्वापि कणो गुणस्य ददतो कर्णे चणं दीयताम् ॥

इह हि धर्म्मार्थकामसोच्च परिपन्थिरोगापशमाय ब्रह्मप्रभृतिभिः प्रणीतायुर्व्वेदतन्त्रेष्वतिविस्तरत्वेन सम्यृति वर्त्तमानाल्पायुर्म्मेधसां पुरुषाणां न सम्यगर्थाधिगमः। तदनधिगमाच्च तद्विहितार्थानामननुष्ठाने तथैवोपप्लवोरुज्ञामिति मन्वानः परमकारुनिकोऽत्रभवानग्निवेशोऽल्पायुर्म्मेधसामपि सुखोपलम्भार्थं नातिसंक्षेपविस्तरं कायचिकित्साप्रधानमायुर्व्वेदतन्त्रं प्रणेतुमारब्धवान्। तस्मिंश्च श्लोकनिदानविमान-

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शारीरेन्द्रियचिकित्सितकल्पसिद्धिस्थानत्माकऽभिधातव्ये निखिलतन्त्रप्रधानार्थाभिधायकतया श्लोकस्थान-मेवाग्रे वक्तव्यममन्यत्। उच्यते हि "श्लोकस्थाने समुद्दिष्टं तन्त्रस्यास्य शिरःशुभम्। चतुष्काणां महार्थानां स्थानेऽस्मिन् संग्रहः कृत" इति॥

In L. 2160: The *end* is:—

अध्यात्मविषयत्वेन पूर्व्वोक्तो + + रोगाधिकारिणां किमर्थं सप्तकः आयुर्व्वेदमित्यादि अष्टकः प्रयुक्तत्वार्थमित्यादि। अर्थोमहादशमूलीय:

Colophon:—

इति श्रीचक्रपानि दत्त कृतायामायुर्व्वेददीपिकायां चरकतात्पर्य्यटीकायां इन्द्रियस्थानं समाप्तं। सन १२७७ साल।

In the Ayurveda-Dipika, the following authors and books are quoted as authorities,

Harita.
Nighantukara.
Lalitasvara.
Jatukarna.
Visvamitra.
Atreya.
Dridhavala.
Agastya.
Rasqvimana.
Nyaya.
Charvvaka.
Saukhya.
Bharata.
Kharanada.
Daruvaha.
Bhalluki.
Puskalavata.
Salakya.
Salya.
Rasayana.
Agara.
Sauta Rakshita.
Sudasastra.
Dallanacharya
Harischandra.
Kapivala.
Visakha.
Vagbhata.
Vaidyaka.
Kasyapa.
Videha.
Karala.
Kaushitaki.
Bhadra Saunaka.
Kshara pani or
Kshirapani.
Kamalasila.
Jyotisha.
Krishnatreya.
Chyavana.
Agnivesha.
Chakshushyena.
Bhimdanta or datta.
Parasara.
Bhoja.
Sena.
Ashadavarma.
Palakapya.

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Editions :—

1. *Chakrasamhita* with Chakrapani Datta's commentary *Ayurvedadipika* by Kiviraj Abinas Chandra Kaviratna : only a few chapters have been published.

2. Edition of the *Charakasamhita* with the commentary of C. P. by Kaviraj Harinath Visarada, Calcutta, Shaka 1814. The Sutrasthana, Nidanasthana, Vimanasthana, Sarirasthana, and Indriyasthana have been published.

3. The *Charakasamhita* by Agnivesha with the Ayurveda-Dipika, Commentary of Chakrapani Dutta. Edited by Baidya Bhusan Vaman Kesheo Datar of Nasik. First Edition. Published by Pandurang Jawaji, Nirnaya Sagar Press, Bombay, 1922.

VII. *Sabdachandrika.* "A vocabulary of vegetable and mineral substances with a tolerably copious list of animals, and a chapter on compounds, both in medicine and diet : It is accompanied by an interpretation in Bengali, and is a useful work. The author is Chakrapani Datta and the compilation is comparatively modern"—Wilson's Essay, III, 237.

Begins :— देवं प्रणम्य हेरम्बं वैद्य श्रीचक्रपाणिना ।
भैषज्यशब्दबोधाय क्रियते शब्दचन्द्रिका ॥
अमरादिप्रसिद्धानि यानि नामानि तानि च ।
नानातन्त्रप्रयोगेन कथ्यते बोचितानि च ॥

Ends :— अलाभादधिकाख्याद्या मयोक्तं नेह यत्किंचित् ।
शब्दार्णवादिकोषेभ्यः तज्ज्ञातव्यं भिषग्वरैः ॥

Colophon : इति विफलादिवर्गः । श्रीचक्रपाणिदत्तविरचिता शब्दचन्द्रिका समाप्ता ।
विषयः । वैद्यशास्त्रोक्तपारिभाषिक शब्दाभिधानं ।

Mss.—

I. O. 2738.
Aufrecht, Oxf. Cat. No. 453.
L. 562.
C. C. 10,987.
Oxf. 195 b.
Wilson's Essay, III 237.

The Contents :

1. The Vrikshadivarga.—Trees and plants group
2. Svarnadivarga—Gold and other metal group

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3. Ghritadivarda.—Ghee and oily medicine group
4. Bhumyadivarga.—Earth group
5. Manusyavarga.—Man group
6. Simhadivarga.—Lion and other animal group
7. Madyadivarga.—Wine group
8. Panchakasayadivarga.—Five Astringents group
9. Triphaladivarga.—Triphala group

VIII. *Sara Samgraha*.—A treatise on treatment ascribed to Chakrapani. It has not been printed. See *Vanausadhi Darpana*, P. 41,

IX. *Chikitsasthanatippana*—Commentary on the Section on Treatment. It is ascribed to Chakrapani Datta.

Ms.—N. W. 586.

Vimansthana :

Ms. N. W. 586.

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.,—(Hazaribagh).

Section IV.

FOOD IN DISEASES OF THE CIRCULATION IN AYURVEDA.

The following clinical varieties of Heart disease had been described in Ayurveda :

(1) *Batik Hridrog*—due to Nervous derangement.

The Heart is regulated, says Modern Medicine, by two separate Nerve-systems :—(*a*) *Automatic centres* residing within the heart proper (*Pran Vayu* of Ayurveda), the sinus-arterio node Remak's ganglia), the arterio-ventricular nose (Bidder's ganglia) and inter-arterial septum (Bezald's ganglia).

The arrangement is as follows : The arterio-ventricular bundle (Kent's bridge or Bundle of His) arises in close connection with the fibres of the inter-arterial system and with the tissue of the sino-arterial node at the junction of the superior vena cava and right arterium. It comes also into relationship with another similar mass or fœtal residue known as arterio-ventricular node which lies at the base of the arterial septum on the right side below the coronary artery. From here the bundle runs along the top of the intra-ventricular septum and divides into left and right subdivisions which run down to their respective ventricles along the septum which separates them and into the Papillary muscles arising from the septum. From the papillary muscles five strands run to other parts of the ventricle immediately under the endo-cardium and finally reach the apex. All these structures are made up of peculiar muscular fibres known as Purkinjis fibres. There is no doubt that the main conducting path is from artery to ventricles consisting of Nerve-firbes intermingled with muscular fibres of Purkinji and the conduction is myodramic not maragenic.

Remak's ganglia is really the chief cell-station of inhibitory fibres and stimulation of the heart at the sino-arterial junction is

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the most certain way of obtaining heart-stoppage. *Bidder's ganglia* was called the local accelerator centre.

The other system with brain centres which dominate cardiac activity are the inhibitory or depressing branches of the vagus and the augmentor and accelerator fibres of the sympathetic. The Sensory or afferent Nerves of the heart join the vagus trunk and pass to the vasomotor centre in the medulla (depressor Nerve). This system is a part of the "Byan-vayu" of Ayurveda regulating the heart normally. The right Nerve (Pingala) is said to be more inhibitory than the left (Erha) though it is not a constant rule and often each chain contains both the class of fibres. Ayurveda has stated that the left is depressing or inhibitory and the right (Pingala) augmentor and accelerator.

In connection with the subject of reflex inhibition, though we have no valuntary control over the heart's movement, yet cerebral excitement will produce an effect on the rate of the heart as in certain emotional conditions. In the stage of "Samadhi" of Hindu Yogis there is obtained complete voluntary control of cardiac movements gradually stopping the heart's action and respiration, as has been recently demonstrated by several Japanese observers.

(2) *Paittik Hrid-roga* due to derangement of the Katabolic Endocrines.

(3) *Sleshmic Hird-roga* due to derangement of the Annabolic Endocrines.

The Endocrine relationship of the heart is as follows: The *adrenals and thyroid* influence the muscles of the heart and blood vessels indirectly through increased irritability of the sympathetic nerve terminals (the Pingala). The *Hypophysis* act on cardiac arterial muscles direct (being closely associated with the cardiac vasomotor and respiratory centres in the medulla, the sympathetic centre of Sajous). The *gonads*, while hypo-function indirectly depresses the heart through depression of Adrenals, are the chief "Pitta" Endocrine in abdomen. The *Parathyroids* act in conjunction with the para-Sympathetic with which are connected the thyroid, the suprarenal medulla and the post pituitary. Morphologically they are connected with the *thymus* which is so active up to pre-adolescence.

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(4) *Sannipatik Hridroga* due to derangement of the entire Sympathetic-Endocrine System hyper-excitation of one set with hypo-function of the opposite set.

(5) *Krimi-janita Hridroga* ; due to worms (microscopic or macroscopic).

FOOD AND OTHER PROCEDURES

Fomentation (when cardiac pain)
Purgation (in constipation)
Vomiting (when much phlegm in chest)
Basti or Enema (to relieve wind and fœces)
Light food like "Bilapi"
Old Rice of dadhkhani variety
Meat of wild animals (deer) and birds and soup
Soup of pulses (Mug and Kulthi)
Fruits—Chalta, plantain, old pumpkin, mangoe, pomegranate, dried raisins.
Vegetables—Patole, young radish, betel
Castor oil (Laxative)
Rock Salt
Rain water
Whey, medicated or otherwise
Old molasses (sugar is a cardiac stimulant)
Coriandar, black pepper, ginger.
Wine
Honey
Musk, red sandal
according to indications.

SPECIAL FOOD COMBINATIONS :

If indigestion, give "kharah jusa" which is a form of medicated whey.
If nausea, and cough give "Kambalic jus" which is another form of medicated whey.

To avoid:

Delay in attending various calls of nature
Water of hills in Central India (bad water)
Milk of sheep
Bitters, heating, heavy, astringent and acid dietary articles, incompatible articles of diet

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Old Vegetables
Pot. Bicarb (Javakshar), "Mohua" flower,
Venesection.

Modern European Practice.

"There is probably no class of disorders" says Butter (Fitch system of dietetics) in which diet plays so important a part in the treatment of circulatory disorders, nor is there any group of diseases in which the individual requirements and idiosynerasies of the patient calls for such varied and careful differentiation." Ayurveda says that the diet in each case of health and disease should be judged on its own merits.

In diseases of the circulatory system we can lay down "a few general principles but the carrying out of these principles entails a nice discrimination (in each individual suffering from the same form of disease) and often demands precisely opposite course of action."

In every heart case two aspects require consideration : (1) the general condition of the patient and (2) the particular requirements of the "*particular stage*" (according to Ayurveda Vayu, Pitta or Kapha stage) of the disease. It further involves a very thorough understanding of the principles of metabolism (which according to Ayurveda depend on the action of opposite yet complementary Katabolic and Annabolic Endocrines) and a no less thorough knowledge of the individual needs of the patient (which according to Ayurveda depends on the condition of his sympathetic endocrine system).

Organic Heart Disease.

The dietetics depend upon whether there is compensation which is maintained or broken.

Period of Compensation.

It is the current belief that at this favourable stage of the disease, when compensation is well maintained, no very vigorous dietary is necessary. But contrary to the general teaching "a thorough and careful dietary regime should be constituted at this stage of the disease." Further, it should be of the "first and paramount consideration of far greater moment than any form of drug therapy." (Ayurveda States that diet is always more important than drug, for the latter cannot cure a disease in

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absence of suitable dietary, which, apart from giving nutrition and energy, can produce various drug-effects in the course of metabolism and excretion). In a compensated heart case if dietary "is intillegently formulated and faithfully followed, the prospects are strong that the unpleasant accident of broken compensation never will supervene".

No iron-clad rules can be laid down but there are three objects to be met in heart cases :

(*a*) To maintain the patients strength,
(*b*) To avoid irritation of the heart.
(*c*) To assist the circulatory mechanism.

The maintenance of the patient's strength is not a simple matter of feeding him with sufficient and not too heavy but generous, nourishing food only, but we are confronted with the problem of nourishing to the highest possible point of efficiency with minimum strain to the already existing disturbed metabolism together with the least possible irritation of the heart and with the greatest possible consideration for the over-worked circulatory mechanism.

To begin with, for the usually accompanying *dyspepsia*, the heavy meal of the day should be taken at noon and the evening meal should be the lightest. It is better to *divide* the day's intake to five or six smaller meals at *regular* intervals, so that the digestive system acquires a regular habit, know exactly what is required of them and have ample interval of time to perform their duties.

Foods which produce much fermentation and gas should be avoided. Each individual, if intelligent, knows for himself or may very quickly find out which articles of diet produce fermentation and flatulence (Aindrik Vayu which irritates Atindrik Vayu or nervous system). Some food should be generally avoided as these produce flatulence *e.g.*, hot breads, beans, cabbages, etc.

Then as to *calories* of food-energy required, it is the same as in health. The necessary amount must be considered in each individual case and should be strictly followed, avoiding under-nutrition on the one hand and excess on the other, while a healthy individual can sustain health for a considerable number of days with under-nutrition or can take care of excessive quantity without any serious embarassment, organic heart cases can do neither.

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Thirdly as to *proteins*—Protenis generally increase the nutrient content of the blood; so that the nutrition of heart muscles is improved, at a time when these are enlarging for compensatory purpose. The quantity should be regulated to the individual's needs. Some discretion should be used regarding the choice of particular kind of albumen and the preparation. Raw, smoked and cured meats, all internal organs containing excess of purin bodies should be avoided. Boiled meats are preferred so also vegetable albumens unmixed with fermentative principle and milk.

An exclusive milk diet should be given in all heart cases associated with a chronic nephrites. No doubt, milk is a most convenient and assimilable way of introducing the various food principles in the body, but it shonld not be the exclusive dietary in every heart case, for

(*a*) it is deficient in Iron,
(*b*) there will be too much liquid intake,
(*c*) there is monotony, the patient soon tires of his diet and loses appetite.

Milk should be used as a beverage in every heart case as often as his taste permits and this enables us to cut down his solid food mixed with Lime water or mineral water to taste and free diuresis.

Fourthly as to Carbohydrates. Enough must be given to furnish the proper supply of calories and this must be of a character suited to individual patient's digestion and gastric peculiarities. Here we have the greatest opportunity for ministering to the patients' taste and counteracting monotony of diet. There should be great variety consistent with the patients' safety. Bread, potato, pastry, sweets and starches should be reduced to minimum while the less harmful vegetables and cereals should be more freely permitted.

Fifthly as to Fats. These are excellent forms of giving food of high caloric value in small bulk. Unfortunately heart cases generally suffer from hepatic insufficiency and the substitution of fats for carbohydrates, while theoretically sound, is practically unfeasible. Fats when not contra-indicated should be given in easily assimilable form as butter, cream and pre-digested foods.

Sixthly as to Fluids—Here opinions differ. While Ortel and his followers maintain that there should be great restriction of

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fluid as there is plethora of blood. Other authorities allow the patient as much fluid as they want to promote free function of the kindneys. We think that the wise plan lies between these two extremes.

It is a well-known fact that all water which enters the stomach must pass several times through the heart and arteries before it leaves the blood. While it flushes the system it embarrasses the heart. The proper course is to ascertain from time to time the water-balance by measuring the output against the intake and if there is retention, to cut off the quantity of liquid intake. As a general rule eating should be accompanied with as little water drinking as possible.

Seventhly :—*as to Weight*—The maintenance of the patient's metabolic balance includes that of his proper body weight.

(*a*) In underweight—diet to increase weight.

(*b*) *In case of over-weight.*

Excessive fat is more dangerous, for every additional cubic inch of fat entails many more inches of blood vessels which impose extra work on the already over-burdened heart. But reduction should not be attempted by means of exercise but by restricted diet and proper elimination. There should be reduction in quantity of food rather than change in quality and the patient should observe rest in bed. All authorities agree that protein should not be reduced but carbohydrates and fats. Ortel insists that fats should be very rigidly restricted.

The following general rules should be observed :—Meat should not be taken more than twice a day (for Europeans). Bread should be toasted in thin slices. Soups should be taken a few spoonfuls at dinner. Milk should not be given unless skimmed. Fresh vegetables and fruits are allowed.

Eightthly :—all articles *that irritate the heart* should be avoided *e.g.*, condiments and spices, drinks like tea, caffee and alcohol, (one should take into consideration the habits of the individual to ascertain how far these rules should be relaxed) and Tobacco.

Lastly, the *removal of waste* should be encouraged by regulation of diet, free evacuation of the bowels daily should be encouraged; still more inportant is the regulation of Kidney

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functions. If there is œdema, he should be ordered rest in bed and given skimmed milk temporarily till the condition disappears.

Uncompensated Heart Disease.

When compensation breaks, the diet should be immediately and considerably lightened. For a day or two it is advisable to put the patient on exclusively skimmed milk diet. But it should not be continued for a long time as the proper nutritive and liquid balance cannot be thus maintained.

Avoid *excess of fluid* or it will overtax the heart still more, promote œdema and hinder re-establishment of compensation.

Too little fluid on the other hand will lower arterial pressure and reduce elimination. Hence the amount of water permitted must be regulated with exceeding care.

Concentrated or predigested foods are specially suitable in these cases. Milk, whipped egg, pounded meat, in small quantity, a little alcohol ; some cooked fruit, pulp, stewed fruits etc. will combat the constipation.

As soon as compensation is re-established, diet should be gradually increased with extreme caution, specially with regard to increase of fluids.

Diet in Organic heart Disease in Children

Same as in adults, except—

(*a*) that diet should increase the weight and not merely maintain the balance.

(*b*) Eliminative organs are better and thus more fluid bulk for bulk may be given, external water-lagging Milk is therefore ideal.

(*c*) Generally under-weight—milk should be given with nutritious, concentrated, predigested food.

(*d*) Prevent gorging or stuffing with sugarcandies.

Functional heart disease.

No strict general rules could be laid down as the disease is dependent on the underlying systemic conditions *e.g.*, of the Nervous system (direct), of G. I. tract (indirect).

Avoid those which disturb the G. I. tract and produce flatulence and fermentation or which excites the Nervous system. Often some pet dietary of the patient (which is as much a bad

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habit as drinking or smoking) stands in the way of recovery. Hence find out the dietetic idiosyncrasy of the patient by searching enquiry and experimentation and carefully eliminate the undesirable article (smoking, Coffee drinking, etc.) and adjust the dietary.

ANEURISM.

The diet is similar to that of compensated heart disease. The special point to be emphasised is that diet should be absolutely non-stimulating, tea, coffee and alcohol should be absolutely interdicted, smoking strictly forbidden. Fluids should be restricted to guard against undue rise of Blood Pressure.

In former times a very severe and rigorous form of dietary was practised with the idea that it would quiet the circulation and slow the action of the heart, thus minimising the danger of rupture. But experience has shown that such procedure is faulty, in as much as it produces more nervous excitement on the one hand and the anæmia and depressed nutrition following extreme abstention and enforced repose often lead to exaggerated distension of the aneurismal sac.

ARTERIO-SCLEROSIS.

There is no disorder of the circulatory system in which diet is of greater importance, but in this disease the patient is most unruly to manage from dietetic point of view. For food habits incurred from pleasurable indulgences are not easily abandoned. They cannot or will not see how certain foods are injuring them.

In this disease in which the kidneys are always at fault and are at the root of arterial hardening, there should be practically joint dietetic management of the heart and the kidneys.

PROTEINS.

Meat is the chief source of the toxins which impair the kidneys and should be restricted to a rigid minimum. The protein element of the diet should be furnished through some other agent *free from purin bodies and as sulphur albumens.* (The purin bodies are proportionate to the rich savory taste of meat and the sulphur proteins are proportional to the extent the meat is tasteless. Boiled meat is better because in the process of boiling the purin bodies are extracted while the sulphur proteins are unaffected).

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The digestion of milk is often aided by adding some mineral water or some aromatic liquor. Avoid wines, and spirits as a rule, though the addition of a little brandy will render the milk more acceptable.

Sea-foods of all kinds should be fresh.

Eggs should be eaten sparingly.

VEGETABLES.

Those containing irritating oils like radish, asparagus, garlic, onions, celery, etc. should be forbidden.

Those grown underground should be preferred on account of their nutritive value (potatos).

Of the *beverages*, alcohol should be tabooed, tea and coffee reduced as much as possible, though theoretically it should be stopped but it makes the life of the patient miserable.

Common salt—As its elimination is reduced in nephrites, it should be restricted and in Œdema absolutely forbidden.

Œdema, says Ayurveda, is of 2 kinds :

(*a*) Puffiness without pitting on pressure

(*b*) True Œdema with pitting. The former merges into the other, if it does not disappear.

Carbohydrates must be supplied in sufficient quantities as flour, rice and cereals etc. They furnish the principal supply of Carbon which is being given off constantly by the lungs in the form of CO_2. If carbohydrates are not supplied in sufficient quantities, exhaustion soon ensues.

Small *divided meals* should be given at regular intervals. Reduce the *quantity of fluids*.

At least 50 grains of protiens shonld be injested daily. Bishop says that it is difficult to decide whether aggravation of the codition is due to protein starvation or to disease. On the other hand the end-products of Protein digestion are largely responsible for intestinal toxæmia which is in itself a serious problem in arterio-sclerosis.

ANGINA PECTORIS.

It is a localized form of arterio-sclerosis.

Food which produces irritation or flatulence or fermentation should be avoided.

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Determine particular gastric idiosyncrasy. Meat more or less carbohydrates, meat, fish and fowl supply food nourishment in small bulk and will promote vigorours action of the heart. They are most easily digestible, if thoroughly well-cooked, are readily assimilated and least liable to cause flatulence.

Starchy food should be reduced for they are slowly digested and produce flatulence.

THE FOLLOWING FOODS ARE ALLOWED :

Milk, good strong soups (not spiced), meat, bird or fish, (carefully selected and well-cooked), eggs moderate, green vegetables well-cooked (preferable rubbed through a wire-seive), pulp of cooked fruits with cream custards and plain jellies. Stimulants preferably avoided. Weak Tea allowed if of long habit. For drink, water or any of its disguises, barley water, toast water, home made lemonade, etc., and milk ; copious drink of hot water which aids elimination and prevents stasis, fermentation and flatulence.

SENILE HEART.

It is dilatation of the heart due to weakness of the myocardium.

According to Balfour there are dietetic rules :—

(*a*) Interval between two meals should be not less than 5 hours.
(*b*) No solid food between meals.
(*c*) The principal meal should be taken at noon-time.
(*d*) The meal should be as dry as possible.
(*e*) Take some hot fluid 3 or 4 hours after meals as this will arouse a flagging digestion and wash the remains of a meal out of the stomach.

HIGH AND LOW BLOOD PRESSURE.

High Blood Pressure.

High blood pressure often but not always is associated with arterio sclerosis. An individual may have arterio-sclerosis without high B. P. or indeed the B. P. may be low. The food in such cases may be the same as in arterio-sclerosis when it accompanies High B. P.

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There may be High B. P. without arterio-sclerosis (thickening of arteries). The cause of such high pressure may be gout, nephrites, worry, excessive mental or Nervous strain or a matter of internal secretion and other causes. Diet will depend on cause.

As the mechanism which regulates B. P. is very sensitive and promptly responds to any demand for a high or low B. P. no special diet is necessary when it is a temporary condition.

The general condition of the patient, the heart, kidney, Nervous system, G. I. tract, the endocrines, in fact the entire man must be considered in prescribing suitable diet for person with abnormal pressure, high vayu irritation or low vayu depression. Besides diet, habits and general hygiene of such patient should be regulated. In high B. P. low protein diet is desirable as well as restricting quantity of food and drink at each meal.

Low Blood Pressure.

(*a*) Primary—accompanies debility following some general disease. It is a circulatory expression of a general debilitated condition and requires convalescent diet.

(*b*) Secondary—follows arterio sclerosis with High B. P. Previous diet should be modified to meet any changed or weakened state of organ. Patient should take rest and proper hygienic measures advocated.

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FEVER IN AYURVEDA.

PART III.

SLESHMIKA FEVER.

BY

A. RAMAN, (CALCUTTA).

—·o:—

(Continued from our last issue.)

Etiology :—The cause of Sleshmika fever is described as follows : Those who use too much of oily, heavy, sweet, cold, salty and sour articles of diet or those who sleep long in the day or lead a sedentary life and never take proper exercise are found generally susceptible to this type of fever.

स्निग्ध मधुर गुरू शीत पिच्छिलान्न लवण दिवास्वप्नहर्षाव्यायामैर्भ्योऽतिसेवितेभ्य श्लेष्माप्रकोपमापद्यते। यदा प्रकुपितःपविश्यामाशयमुष्माणमिग्नीभूय आद्यमाहार परिणाम धातुरसनामानमन्ववैत्व सरस्रे दवहानिच श्रोतांस्यपिधायाग्नि सुपहत्य पक्तिस्थानादुष्माणंवहिर्द्वारं निरस्य प्रपीड़यन केवलम शरीर-मुपपद्यते तदाज्वरमभि निर्वतयति।

Charaka, Nidanasthanam, 24.

Symptomatology :—By nature, Sleshmika fever is sudden in onset and rise of temperature. The temperature reaches its maximum soon after the meals and generally before midday or before 10 in the evening. It is very common in the Spring because *Kapham* becomes irritated easily during that period due to change of season.

The symptoms are :—feeling of heaviness of the body ; distaste in month ; salivation ; sweetness in tongue ; acidity ; dullness in the chest ; stiffness of the limbs and organs ; nausea and vomiting ; anorexia and indigestion ; lethergy ; cough ; quick breathing ; desire to avoid cold ; whiteness of the nails, eyes face, urin, fæces and skin ; sudden appearance of eruptions on the skin and an intense disire for heat and hot things.

तस्येमानि लिङ्गानि। तद् यथा—

युगपदेवकेवलं शरीरे ज्वरस्याभ्यागमनमभिहृद्विचभुक्तमात्रे पूर्व्वाह्णे पूर्व्वरात्रे वसन्तकाले वा विशेषेण गुरुगात्रमनन्नाभिलाषः श्लेष्मप्रसेको मुखस्यचमाधुर्य्यंहृल्लासोहृदयोपलेपःस्तिमितत्वंक्लहिं स्रहृद्विता निद्राया आधिक्यं स्तम्भः तन्द्रास्वासः कासः प्रतिश्यायः शैत्यञ्च नखनयनवदनमुत्र पुरीषत्वचा-

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मत्यर्थं शीतपीड़का श्वशमङ्गेभ्य उत्तिष्टन्त्युष्णाप्रायता निदानोक्तानुपशयोविपरीतो पशयेश्चेति श्लेष्मज्वर लिङ्गानि ।

Charaka Nidanasthanam 25.

Treatment :—The general principles of treating fever has already been described. But in Sleshmika fever the bitter medicines should be exclusively avoided, as bitters often aggravate *sleshma*. So physicians should bear in mind that the medicines are always *anti-sleshmic*.

The treatment should be, as already discussed, a combination of both vegetable and metallic preparations.

Some vegetable preparations useful in Sleshmika fever :—

(1) *Nimbadi Pachan* (*Decoction*)

R/ Melia Azadiracta
Dry Ginger
Combs Cordifolia
Berberis Asiatica
Curcuma Gedoaria
Swertia Chirata
Root of Alpotaxis Auriculata
Piper longum
Solanum Indicum

Take the above in equal quantity, ¼ tola each ; rub them on a stone slab and prepare a decoction in a half seer of water, reduced to $\frac{1}{8}$th, over mild fire. Mix it with a tea-spoonful of honey and administer twice daily.

निम्ब विश्वा मृताद्दारु शठी मुनिम्ब पौष्करम् ।
पिप्पलीत्रिहतीचेति क्काथो हन्ति कफज्वरम् ॥

Vaisayya Ratnabali.

2. R/
Vitex Incisa.
Piper longum.

Equal quantity of each, total one tola. Boil them in water, ½ seer, reduce it to 2 chatak and administer twice a day with honey.

Some *Prescriptions according to Rasa Sastra.*

(*a*) Saubhagyabati (सौभाग्यवटी)

R/ Sodas Biboras
Tinaspora Cordifolia
Cuminum Cyminum

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Five salts
Dry Ginger
Terminalia Chebula
Termenalia Bellerica
Phyllanthus Embelica
Purified mica
Purified Sulphur
Purified Mercury
Vitex Tripholia
Elipta Alba
Achyranthas Aspora
Adhatoda Basaka

Take all the vegetable drugs and rub them well to a paste. Mix the paste well with the purified minerals mentioned above and make 4 grain pills for use. To be administered every 6 hours with juice of ginger and betel leaves.

(*b*) R/ Purified Mercury
,, Sulphur
,, Realgar
,, Aconite

Equal quantity of each to be rubbed with the juice of Vitex Trifolia for a day. The paste is then again rubbed with the juice of ginger for three days. When dry, make pills, 3 grains each ; to be administered every 6 hours with the juice of betel leaves and honey.

Rasa Ratna Samuchyyay.

These metallic preparations are administered with vegetable decoctions already mentioned in severe cases for immediate relief and safety of patients. In simple cases, the patient gets benefit by the application or administration of diaphoretics, specially by perspiring.

(*To be continued.*)

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Health & Hygiene.

—:o:—

FOOD VALUE OF ORANGE.

An Apple a Day keeps Doctor Away.

That an apple a day keeps the doctor away used to be the simple theory of an older generation, but the reputation of the apple is not quite what it was. "New experiments have shown," we are told "that orange juice has a much higher food value, or vitamin content than was ever previously suspected."

It is not an absolutely flat statement that the apple has been dethroned from its former eminence, but there is a distinct suggestion that it is not altogether the universal safeguard we supposed—perhaps the position is that whereas an apple a day will suffice to keep an ordinary doctor at a distance the addition of an orange will keep positive specialists out of the house. However, lest apple-growers should be disconcerted at this possibility it is just as well to remind them that it is extremely likely that later research will prove that the product of their orchards has a vitamin content which is all its own. For the vitamin in its present manifestations—and one fancies that it now runs, like the income tax, to a Schedule E—is an obliging creature; it seems to reside helpfully in most of the usual articles of diet.

As fast as new vitamins are discovered so are their lurking places found in familiar food, and if oranges head the list one week-end, it is always possible that herring's roe or haricot beans will be at top of the form by the next. This is really one of the most gratifying things which has happened in the recent history of man. Every day proves that vitamins are of tremendous importance, but unlike so many valuable commodities in this world, their worth seems to be entirely unconnected with any sort of scarcity value. Diamonds, as we have just learnt from the fears expressed in South Africa, would drop to nothing if they became too common; gold for the asking would be gold as dross. But the more vitamins are discovered the more valuable they become; and they are discovered so frequently that very soon it will be impossible to avoid them.

EATING IN HASTE.

How Seeds of Diseases are Sown.

It is unfortunate that the time allowed for the midday meal is often much too short. In consequence food is swallowed, or rather bolted

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without previous mastication, and the stomach, missing the necessary preparation which mastication affords it is not ready to receive it and deal with it in an effective manner.

The undigested material remains and stagnates in the stomach, digested insufficiently by the secretion of its mucous lining Fermentative changes take place in it and gas is produced in a greater or less quantity, writes Sir W. Arbuthnot Lane in a London paper.

It is the presence of this gas which causes what is called "flatulence," and this produces a varying amount of pain or discomfort. The gas also forces its way up through the 'oesophagus' or gullet into the mouth and forces some of the decomposing and partly digested food into the mouth, producing a condition called 'heartburn.'

These consequences are exaggerated by constipation, which brings about an accumulation of material which stagnates in the bowel beyond the stomach and tends to oppose the normal evacuation of the contents of this organ. If this condition is allowed to continue, the seeds of disease of a more or less serious character are sown. It is surely unnecessary to urge on such individuals the insanity of allowing such an insanitary and unhealthy state of affairs to continue.

THOROUGH MASTICATION

To avoid this they should choose for their luncheon just such foods as afford the maximum of advantage and necessitate their being thoroughly chewed and masticated.

Plenty of stale wholemeal bread and, better still, Swedish rye or wheat biscuit, butter, cheese, and some fruit, such as an orange or an apple, will provide an excellent and most nutritious meal.

In order to prevent any gobbling or, 'bolting' of the food, it should be eaten dry; any liquid which is desired should be taken at the end of the meal. In this way the saliva permeates the food which is being masticated and affords the most important ferment which digests the starch and renders it capable of absorption.

Mastication stimulates the stomach in a reflex manner to prepare for the entry of food by the abundant secretion of gastric juice. This preparation is absolutely essential to the perfect and effective digestion of the meal.

'Eat in haste and repent at leisure.'

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Reports of Societies, etc.

JAMINIBHUSAN ASTANGA AYURVEDA VIDYALAYA AND AROGYASALA (HOSPITAL).

OPENING CEREMONY OF THE HOSPITAL.

The opening ceremony of the above hospital was performed on the 24th June 1927 at 6 p.m. by Sj. J. M. Sengupta, Mayor of Calcutta. From four in the evening such a tremendous shower of rain set in that the Streets of Calcutta were overflooded and practically all traffic was temporarily suspended. This had its effect on the expected gathering but nevertheless a large number of distinguished gentlemen and even ladies graced the occasion with their presence with no little inconvenience to themselves. Many of them had their motor cars disabled and had to waddle through knee-deep water for a considerable distance. Among those present were Mr. Justice Manmotha Nath Mukherjee, Sreejut J. N. Basu, Attorney-at-Law, Mahamahopadhyaya Pandit Pramatha Nath Tarkabhusan, Kaviraj Shyamadas Bachaspati, Professor Manmatha Nath Bose, Dr. J. N. Maitra, Dr. Bamandas Mukherjee, Pandit Rajendra Bidyabhusan and Sreejukta Hemaprova Majumdar.

The ceremony began with the singing of Ayurvedic Anthem in Sanskrit and a Bengali opening song specially composed for the occasion, which were sung by a student of the Institution. Then Mr. Justice Manmatha Nath Mukherjee, one of the trustees of the Vidyalaya, proposed Sj. Sengupta to the chair and Mahamahopadhyay Pramatha Nath Tarkabhusan, the President of the Executive Council of the Institution, performed the ceremony of 'Baran' of the President with Dhanya, Durba, Chandan and Malya in the orthodox oriental style. Mrs Sengupta was also garlanded by the Pandit. Sreejukta Krishana. das Banerjee, B A., read out a report of the Institution written by Kaviraj Shib Nath Sen, B A, M B., Kaviratna, a professor and a member of the Executive Council, approved of and accepted by the Executive Council beforehand.

The report gave a short history of the Vidyalaya from its very inception—how Kaviraj Jaminibhusan started it with only 18 free students in 1916 in a small rented house; how he defrayed all the expenses out of his own pocket for a long time; how he begged from man to man to assist his Institution by men and money; how the number of students gradually increased; how students from Ceylon, Kashmere, Lahore, Coorg, Mysore and all other places came to study Ayurveda at this Vidyalaya; how the out door dispensary attached to it gradually

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had an increased number of patient ; and finally how it attracted the attention of the Corporation, which body at first gave it only a small grant and after wards increased the amount of the grant as also leased out a plot of land free of all charge at Rajas Dinendra Street, the present site of the palacial building of the Vidalaya and Arogyasala.

The building consists of three stories—the first story accommodates College, Liabrary, Office, Museum and the Surgical and Medical Departments of the out-door dispensary. The Second and the Tird Stories comprise the indonr Hospital for 125 patients. Though Sreejut Monmohan Panday, Kaviraj Gananath Sen and a few other gentlemen have contributed handsomely and the Health Committee of the Calcutta Corporation has recommended an increase of the recurring grant, yet the present financial position of the Vidyalaya does not permit the opening of more than 50 beds to start with. However, the Committee will open more beds in proportion to the increase of funds. The organisers contemplate construction of separate blocks for the treatment of Tuberculosis, Insanity and Female Diseases.

Though Jaminibhusan has been carried away by cruel destiny in the midst of his work, it is for his countrymen to see to the fulfilment of his selfless and humanitarian mission, the mission of reviving Ayurveda, India's national system of medicine, which in fact is the fountain head of all modern medical sciences.

The Principal of the Institution Mohamahopadhyay Kaviraj Gananath Sen, in requesting the Mayor to perform the opening, said that so far as the culture of Ayurveda was concerned Bengal was considered as the most important Ayurvedic Centre where students from all parts of India and even from Ceylon flocked in large numbers to give a finishing touch to their Ayurvedic education ; but unfortunately the Government of Bengal lagged far behand many other Provincial Governments in supporting Ayurvedic Education. The Government of Madras, United Provinces and Bihar have not only sanctioned grants-in-aid to deserving Ayurvedic Institutions but some of them have started Ayurvedic Colleges at their own expense. But though Bengal has been deprived of official help she was proud of the support she was receiving from the Corporation of Calcutta, which body were ever ready to help the revival of the Ayurvedic Science.

Kaviraj Shyamadas Bachaspati in a short speech said that the system of treating a number of patients congregated in one place *i.e.* the hospital system, is not borrowed from the West. Though in the Vedic ages we do not come accross any thing to prove the existence of hospitals yet in the Bouddha period we see Arogyasala to be established in different places not only for the human race but also for animals and birds. The Arogyashala system is not only a means of relieving suffering

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humanity but also a great help to increase store of knowledge. He concluded by saying that he sincerely hoped that this hospital should be run on orthodox Ayurvedic lines.

Then a few other distinguished gentlemen made speeches impressing upon the audience the supreme necessity of the revival of Ayurveda for India's internal welfare and progress. India must be made competent enough to supply her own medicines which are most beneficial in treating ailments of the children of her soil.

Then the Mayor in a nice little speech said that it was a false cry that the Science of Ayurveda is doomed in Bengal. In fact there is no educated Bengalee who does not sincerely believe in the efficiency of Ayurvedic treatment ; but though there is the same implicit confidence and faith in the science, educated Bengalees take to the Allopathic medicines. The reason is that the present day Bengalees are of a critical mood and would never take any thing unless they are convinced of its efficacy scientifically. Though their faith in the science of Ayurveda is still stable, their confidence in the present-day Kavirajes is somewhat shaken because they have voluntarily given up the practice of the surgical portion of their science and thus have become incomplete in their education. He prayed that the time would soon come when this Institution would open the eyes of those who are still doubtful of the efficacy of Ayurveda and would convince them that the modern Kavirajes were as expert as their predicessors in surgical operations, diagnosis and treatment.

Referring to the indifferance of the Government to the Indian science of Medicine, the Mayor said that he was truly glad for that. If the Government helps them financially to revive this science, they would not have the opportunity to witness the spectacle of the great sacrifice made by the late lamented Kaviraj Jaminibhusan Roy, nor could they find such examples as set by Sreejukta Monomohan Panday and others. Their example of self-help in persuance of any right cause should not be lost sight of and that as in the sphere of medical science so in every other sphere Indians would stand on their own legs, quite indifferent to what the Goverоment did or did not and thereby help to establish Swaraj in the country.

After this the meeting concluded with vote of thanks to the chair and the workers of the Institution.

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Notes and News.

—o—

TRUE COPY OF THE RESOLUTION TO BE MOVED BY THE GOVERNMENT OF C. P. IN THE LEGISLATIVE COUNCIL.

Nagpur, the 7th July 1927.

No. 3390-316-IX.

In accordance with the wishes expressed by the Legislative Council during March Session, Government (Ministry of Medical Administration and Public Health), has decided to appoint a Committee to enquire into the possibility of establishing a Medical College including an *Ayurvedic Section* in this Province.

2. The personnel of the Committee will be as follows.

President

1. The Inspector General of Civil Hospitals Central Provinces. (Col. Kukday) Nagpur.

Members

2. The Vice Chancellor of the Nagpur University (Sir Bipin Krishna Bose, Kt.)
3. Mr. Ghanshyamsingh Gupta, M.L.C., Pleader, Drug.
4. Rai Bahadur P. C. Bose, M.L.C.
5. Dr. G. V. Deshmukh, M.D. (Lond.), Bombay.
6. Dr. M. R. Cholkar, Nagpur.
7. Rai Bahadur S. N. Barat, Jubbulpore.
8. The Supdt. Robertson Medical School.

Government is also taking steps to invite a representative of one of the existing Medical Colleges in India to join the Committee. The name of the member selected will be announced later. The following are the terms of reference to the Committee :—

With a View to encouraging the spread of suitable medical relief in urban and rural areas in this Province :—

1. To examine report on the advisibility of the opening of a Medical College in this Province ;
2. To consider the question of the location of the College and the feasibility of combining it with the existing medical School ;
3. To consider the feasibility and advisibility of including an Ayurvedic Section in the College ;
4. To suggest measures for the improvement of the existing Medical School ;
5. To estimate the necessary recurring and non-recurring expenditure involved in carrying out the recommendations of the Committee.

By order of the Government Ministry of Medical Administration and Public Health.

(Sd.) B. N. De,
Secretary to Government, Central Provinces.

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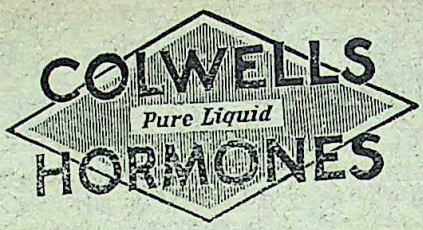

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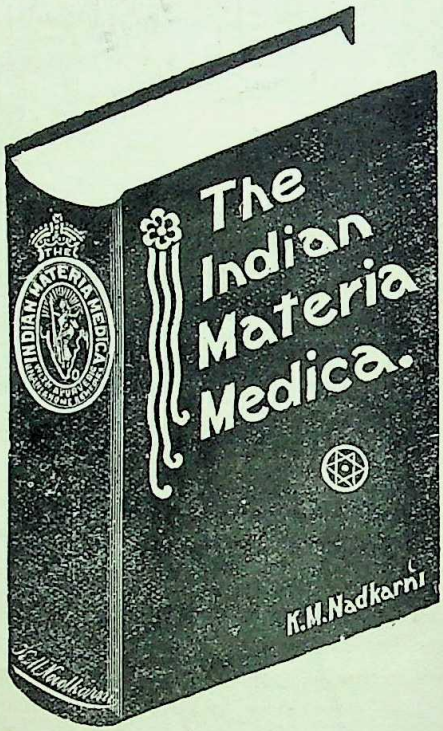

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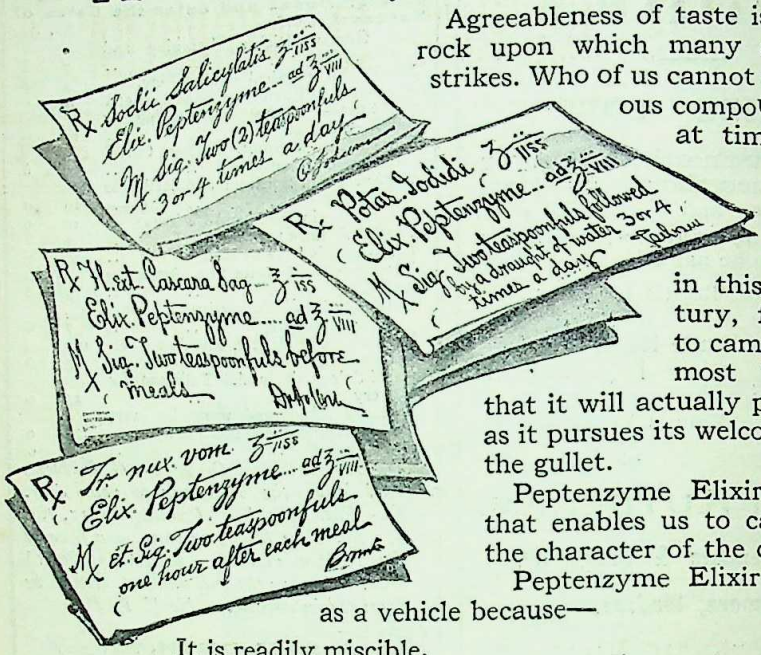

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THE JOURNAL OF AYURVEDA.

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Indigenous System of Medicine

and

THE PUNJAB GOVERNMENT'S ATTITUDE

BY

Dr. M. R. SAMEY, Ph. D., M.D. (Gold Medalist)

Kaviratna, Vidyabhushana,

(Austrian Legion of Honor),

Ex-Vice-Principal, L. A. Medical College, Jaffna.

The debate in the Budget session of the Punjab Council, says, the Circular, outlining the Government attitude on the encouragement of the indigenous system of medicine in the Province suggests a number of questions to Government. The foremost of them is :—

Was it suggested that it should be the aim of Government gradually to replace practitioners of Western Medicine in Government Institutions by men trained in the indigenous systems or was it intended merely that Hakims and Vaids should supplement the State supported system of Western medical relief and serve the needs of the public for small ailments in places where there were no dispensaries ?

This question is categorically solved by giving a name to the indigenous system as "Defective" and knocking the bottom off the cause of Ayurveda. "Give the dog a bad name and hung it." The most enthusiastic supporters of indigenous systems, says the Circular

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feel that they are defective in respect of medical knowledge and require to be supplemented by a very large amount of Western Medicine and Surgery. This parochial view of the respective sciences as Eastern or Western is in itself the enemy of all progress and has succeeded in keeping the East in everlasting ignorance of the West and the West in everlasting ignorance of the East This bogey of racial purity in Science is a disgrace and shameful blot on the escutcheon of civilization. "Man's highest privilege," chimes Rabindra Tagore, "is to claim as his rightful inheritance all that is great and true appearing in any part of his world and any period of his history", and why should the Government of Punjab fight shy and see no justification for attempting to replace the Western system by Indian Medicine supplemented by "the whole Hog" of the knowledge of recent developments and not a reluctant "smattering" of them. Thus sings the bard :—

"And not by eastern windows only when day light comes, comes in the light. In front the sun climbs slow, how slowly. But westward, look, the land is bright" Western medicine is as much the inheritance of India as of Europe. Philologists have proved that the forefathers of the Indian Aryans belonged to the same primitive family of the white race to which the European Aryans belong and that in pre-historic times the western and the eastern branches separated from their original home in Centrai Asia and that one emigrated and settled in Europe and the other in Persia and India. Greece and Rome were the seats of early civilization of the Indo. Iranian branch. Soon after the Indian branch of the Aryan or Indo-European race emigrated from its original home in the West and settled in the Punjab where they developed a many-sided civilization. They conquered the Non-Aryan aboriginals and founded many kingdoms. Their language was Sanskrit, one of the sister tongues which descended from an original or primitive Aryan

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language and which included in the stock Zend, Greek, Latin, Lithuanian, Celtic, Teutonic, Slavonic and other cognate languages of the West. In that language they developed an extensive literature comprising works on theology, philosophy, grammar, history, poetry, astronomy, medicine, etc. The medical literature of India is called Ayurveda and means literally the "Science of Life" comprehending the entire realm of medical knowledge and surgical skill, anicent, medieval or modern and in earnest search after all means from any and every available source or country. There is no "Chinese Wall" in knowledge and any that may rear its head must be rused to the ground. The government should establish colleges for the training of men in "Indian Medicine" and subsidies should also be paid to enable existing Institutions to expand their facilities for such training on up-to-date lines. Ayurveda contains much, both in principle and practice, that can be utilised by Western Doctors and "Indian Medical Men" (Ayurvedits) can freely drink at the fount of the West. Why cry "Wolf" at the prospect of Ayurvedic encouragement while the so-called Allopathy of the West is an "International olla-podricla" or hotch-potch from all medical systems. Why should Indian Medicine alone be sucked for its juice and left to die of depletion in this age of "Self-determination" in all Departments and not allowed to feed on the "Nutrimentum Spiritus" of the spacious universe for which no body has obtained " Letters Patent."

There is no justification for withholding from Ayurveda the discoveries of modern science and for confining it to the study of books written before Homer sung the glories of Trojan war, or the first pyramid saw light in the land of the Nile or the ancient Chaldeans wrote their laws on bricks or earthen tablets. The attempt to appropriate modern scientific inventions and discoveries as the exclusive property of Western Medicine is all the

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more inexplicable as many of these are the result of labours of those who do not belong to the medical profession. The greatest Invention and Discoveries in Medicine and Surgery are due to unqualified Amateurs whose discoveries were bitterly resented and opposed by orthodox practitioners. The excerpta subscribed are apposite in this connection. *Times of Ceylon, September 19th, 1926*—"Modern Medicine and Surgery are based on the fundamental discoveries of Pasteur. Pasteur was a chemist, who started by studying the formation of crystals and the silk-worm disease, and in the course of his investigation he discovered the microbic origin of most diseases.

"As he was *only a chemist* he was bidden to stick to his own job, and he lived in poverty in a garret. Yet Pasteur's discovery has revolutionized both medicine and surgery.

"Pasteur's successor at the institute which bears Pasteur's name, Metchinkoff, another chemist, discovered that the white blood corpuscles eat up disease germs entering the body, and vastly advanced medical knowledge and surgical practice.

"Three hundered years ago Galileo, an Italian astronomer invented instruments for measuring the temperature of the body and for counting the pulse. However, Galileo was *only an astronomer*. His wonderful medical discoveries were disregarded and laughed at by the medical profession for two centuries.

"An English mathematician, Babbage, discovered the ophthalmoscope, wherewith the oculist studies the internal eye. A singer, Manuel de Garcia discovered the laryngoscope, by means of which the physician inspects and treats the throat, the vocal cords, and the portions beyond."

In view of the tremendous debt which medicine and surgery owe to amateurs, it may surely be expected that medical men and medical departments will at last

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abandon the spirit of narrow jealousy and of rigid trade unionism and give a fair chance of demanding and supplying world's knowledge of Healing and let every country and system to gong its own gait and shape its own destinies in Medical Relief. Medicine has been defined as knowledge culled from science, used in the treatment and prevention of disease; and science is truly international and universal and Ayurveda is "Science of Life." Allopaths who depend for their Sama on Egypt and India, Quinine from Java, Cascara from the Pacific slopes of the Rockies, Ipecac from Brazil, Stropanthus from the West Coast of Africa, Eucalyptis from Australia, Camphor from Japan, Rhubarb from China and so on and so forth, should pause and reflect before they slam their doors and shut their gates of knowledge to Ayurvedists on whose Victuals they have pampered themselves and now planning of "Research Bureaus" to deplete their sap and drop the "Indigenous plant" dead on the road.

"Indigenous system, Defective!" Defective indeed! A system, of which Sir Havelock Charles, when Professor of the Calcutta Medical College used to say to his pupils, "I am only repeating to you what the Aryan Medical Science preached two thousand years ago and am reproducing to you only a small fragment of the lesson taught by Charaka", cannot be defective. Colonel Maclaren of the Indian Medical Service would not have addressed the Votaries of Indigenous system in the following memorable words if it were "defective" as the circular essays to lay down.

"I know that you can diagnose and **treat all diseases,** and that your treatment of such diseases as Asthma, Ascites, Insanity, Diseases of the Brain, Spine, and generative Complaints is **very successful** *under the climatic conditions of the country and the habits of the people.*"—Col. Maclarenn, I. M. S.

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It is *effective* and not defective as far as Western Medicine goes and what is more, it is effective, this Indigenous System of ours, where Western medicine is defective.

The Cheapness and Popularity with the masses of Indigeneus Drugs as an Argument for its encouragement has been scouted on the plea, "Drugs Cheap because Impure" and not Standardised. Now what is this so-called Standardization of drugs. Let Mr. Raphael Rocke, a British Medical man explain it for me.

"To study how drugs act on the human body and not in a test tube or in the '*Body of an Animal*' is the A. B. C. of Medicine, which Doctors have not learnt as yet"

"Doctors" says Dr. Raphael Roche, "have not yet learnt to classify drugs for they take into account their physical and chemical properties. *To use them curatively you have to study an action which is neithir chemical nor physical but specific to the Vital force in the organism.*"

Ayurvedic or Indigenous drugs are cheap because they are Indigenous and simple and pure according to Sympathetico-Endocrinlogical or Tridosha point of view. They are more effective and better than the so-called standardized drugs ; they are specific in action to the vital force in the organism.

The application of drugs in Ayurveda according to Tridosha theory enables the physician to handle simple Indian drugs with marvellous therapeutic effect and beats hollow the jejune laboratory and Vivisection standards of Drug application. European medicine has already borrowed many important drugs from Hindu medicine such as Nux Vomica, Cannabis Indica, bæl fruit, seeds of Jambul, Kamala etc., whose application to diseased conditions is based on actual clinical experience on human bodies in illness and not in the test tube or the body of animals.

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There are still a horde of drugs in Hindu Meteria Medica which can be utilized by Western Medical Practitioners in India, and Ayurveda has always been generous to give and liberal to receive from any camp, clan or clique without passion or jealousy. Contempt prior to investigation is the enemy of knowledge.

Materia Medica may freely partake of the following Indian drugs and will be the richer for it. For instance Termanalia Arjuna, Alsotonia Scholaris, Holarhina Antidysenterica or *kuda*, the roots of Aconitum heterophylum or *atis*, berberis Asiatica, plumbago rosea, the berries of embelia ribes or *Vidung*, etc. The bark of alstonia scholaris, Atis tubers or roots, bondue nuts and black pepper are good antiperiodics. The beans and roots of justicia adhatoda or aduloa, the berries of solanum jacquini and the roots of clerodendron siphonanthus or *bhrangi* are good expectorants. The roots of ipomoe turpeth or *nishottar* and seeds of phorbitis nil or *kaladana* can well be substituted for Jalap. The root bark of calotropis gigantia, (rice akda) is an effective substitute for ipecac ; tynospora cordifolia or *gulwel* is a good febrifuge, tonic, alterative, antirheumatic and antisyphilitic. The thorny fruits of trikulus terrestris *gokshura* are a good diuretic and alterative tonic. The roots of plumbago rosea (chitraka) and marking nuts are very efficacious in blind and bleeding piles. The bark of common mango tree is an efficient hæmortatic, justicia adhatoda is a good antiscorbutic and is also highly recommended in Phthisis by Sushruta. It checks fever, cough and hæmoptysis of Phthisis. Hydrocotyle Asiatica or *Brahmi* is useful in Leprosy and is a brain tonic. The berries of embelin ribes are very efficacious in tape worms. Garlic is useful in many rheumatic and nervous complaints. Common Radish acts as a good diuretic and stomachic. The bark of moringa pterygosperma is a good escharotic and discutient. The kernel of the Bonduc nut is a good remedy for colic and spasm.

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These are some of the gems of Hindu materia medica for the diadem of Western Queen of Medicine and an offering from her "Elder sister" Ayurveda. Nay more; Ayurveda is the very foster parent of all medical systems of the world and she blesses her children with her lovely gifts.

But this is only in the direction of exploiting Ayurveda for the fattening of the State supported system of Western Medical Relief and for medical administration. The Medical Department does not surely exist for exploiting Ayurveda for medical administration of the country. It exists for a higher purpose and that is medical Relief all round adapted to the needs of the country. That the western system of medical treatment reaches only a very small fraction of the rural population. and that there is little prospect of any material improvement in this condition within a reasonable period has been admitted by the Deputy Secretary to Government of Madras in a letter to the Secretary of B. M A. Ceylon. The Deputy Secretary further adds :—

"Whether the indigenous systems are scientific or not, *the bulk of the population has to depend on them for medical relief*, but owing to their neglected condition they are not able to derive their full value. The Government, therefore, propose to improve these systems and set them on a sound footing by providing for the proper training of students."

Science, expediency, statesmanship and above all necessity, the mother of invention, compel Indian Governments to stamp its seal of recognition on Indigenous system of Medicine and improve it if they can rather than sitting tight over the topic and secretly cherishing a lethal wish about its destiny. Graceful acknowledgement of merit wherever found is the mark of a non-partisan Administration. Read and inwardly digest Sir Pardey Lukis's memorable counsel, Ye scoffers :—"I resent strongly that spirit

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of Medical Trades union which leads many modern Doctors to stigmatise all Vaids and Hakims as quacks and charlatans Many of the so-called discoveries of recent years are merely re-discoveries of the facts known centuries ago to the ancients."

"As you give, so you receive" But to suck the sap of Ayurveda under the name of Research and to kick the ladder after utilising its wrungs to reach the medical edifice is very reprehensible. Ayurveda is not a vile "Puthini" to be sucked off in toto by the monstrous baby or butcher of "Exploitation." She is a benign mother and foster parent of all systems of Healing and it will be biting the hand that feeds to kick out the bucket of her after absorbing the "Ojas" of it.

In these days of Friend-in-Need Societies, Refuges, Homes for the aged, S. P. C. A., Prisoner-Aid Societies and Pinjrapoles, it is inopportune to think of blood hound tactics. By all means avail of the good in Ayurveda. Be eclectic enough to embrace the good in it. But elevate Ayurveda from the slough of despond born of Apathy. The Indigenous system was almost at death's door in this country by State-indifference and public apathy. But its innate strength kept it from total annihilation. It revived itself through its dormant powers of self recuperation, and now when its renovated self is just enlarging out of sack-cloth and ashes, it is unkind to think of robbing it of its automatic powers of national self-expression. Administer the cordial of modern Research by all means but do not blood-let. "India," says the Circular, "can undoubtedly make contributions of value to Western medicine and it is the aim of Government to do what they can to make the Punjab's contribution as effective as possible."

But what about the contribution of Western medicine to Ayurveda or Indian Medicine? Should it be nil? To receive and not to give – that is not the characteristic of a

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noble entity like Western medicine, but a parasite which takes away and never gives. Then why grudge to generously bestow the hoardings of Western medicine to its Foster Parent 'Ayurveda"? Is it not the bone of the bone and marrow of the marrow of modern medicine? This reluctance is a "mind-complex" and defies all ratiocination.

"Stuff the cold and starve the Fever" is a medical slogan. Stuff the body of Ayurveda which has a majestic firm with all modern developments and make it look quite aesthetic by the handling of your modern chisel of scientific precision. Starve the delerious advance of modern Therapeutic Nihilism by strict "Regimen of Fast" and the cordial acidulation by constructive medical treatment according to Indian materia medica. Mr. Raphael Roche says "*Medicine as practised today is not a science.* By Medicine he means the scientific use of drugs to cure diseased conditions. Doctors are sceptics about drugs since Osler says: "He is the best Doctor who knows the worthlessness of most medicines." Ayurveda has the necessary cure for this *all gone feeling* of Western Medicines. It is constructive and not destructive and a happy blend of Eastern and Western medicines will be the greatest achievement of our benign British Rule of a couple of centuries and the rest of the world shall feel grateful for it. Hew it well, this noble end, and affliction will be wiped out in the land. *Communalism in medicine is the laughing stock of Science.*

Exalt Medicine into a Science and join the two halves of the same Globe. "Science of Life"—Ayurveda!

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Original Articles.

MEDICAL PROFESSION IN ANCIENT INDIA.

BY

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तदेवयुक्तं भेषजं यदारोग्याय कल्पते।
स एव भिषको श्रेष्ठो रोगेभ्यो यः प्रमोचयेत्॥

The three aspirations प्राणैषण, धनैषण *and* परलोकैषण—The aim of the medical profession in ancient India was as high and as noble as it was based on three important aspirations, *viz.*, the aspiration for preserving long life; that for earning wealth and lastly that for attaning to felicity in the next world. The preservation of life is the preservation of the health of the hale and the heedfulness of the ailing in the cure of their ailments. The second of these is the aspiration after wealth. Next to the life breaths one should seek the acquisition of wealth. There is nothing more miserable than this misery *viz.*, length of life possessed by a person destitute of wealth. Also the third aspiration that which concerns with the next world *i.e.* Moksha.

Acquisition of धर्म, अर्थ *and* काम:—If we look in the ancient medical works the medical profession is to be practised by the three twice-born castes *Brahman*, *Kshatriya* and *Vaisya*.

"Brahmanas should learn it for doing good to all creatures, Kshatriyas should learn it for self-preservation, and Vaisyas should learn it for earning wealth by practising it as a profession. And all may study it for the acquisition of Dharma (धर्म), Artha (अर्थ) and Kama (काम). In this connection the care that one takes in allaying the ailments of men that are conversant with the scienee of soul, of those that are bred in the path of righteousness, of those that are promulgators of religion, as also of mothers, fathers, brothers and kinsmen and seniors and precepetors, and the study that one makes of the science of life, its communication to others and the

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writing or compiling of treatises on it represents the Dharma (धर्म) that this science affords. The acquisition of different kinds of wealth, to be happily enjoyed, from kings and chiefs and men of wealth, the preservation of one's own self and preservation of all those that are one's dependents represents the Artha (अर्थ) that this science affords. That which consists of the approbation of the learned, of fame, of the status of being looked upon the religion of all and of restoration to health of the affected, of persons dear and beloved represents the Kama (काम) that this science affords" (*Charaka, Sutra Ch. XXX.*)

Modern View—Dr. A. Lakshmipathi B.A., M.B., C.M., Bhishagratna and Pranacharya says:—"Medical profession in India as understood by the English educated classes comprises only those who received their education in modern colleges belonging to the allopathic system. The vast majority of people in this country to-day are yet untouched by the Western medical practitioners either by the scarcity of the modern trained men or by the prejudices which many people have towards foreign medicines. There are now practically two sets of physicians in India working in rivalry with each other. In no other country in the world can be found this sort of dual system. The medical profession in any country is considered as one unit though there may be different grades of practitioners according to the course of study, qualification or skill in different branches of knowledge. But here the nominal medical profession is one which has powerful resources of the State at its back and the actually practising medical profession (Ayurvedic) is another. The latter is numerically by far stronger and equally in touch with the masses but it is an unrecognised body."

Col. Ganapat Rai, I. M. S. opines that the medical profession was nothing new to this country. It was a divine profession to have been handed over to them by God and included in the Hindu sacred books. It was a profession to be practised for the love of humanity. It had degenerated into a mercinary profession. In this profession the young men would be able to render service to the motherland which no other profession could render. It gives them opportunity for healing the sick, whether rich of poor." ('*The Hindu.*')

Of the Chatushpadas, the Physician is important—Medical profession requires four instruments (चतुष्पाद) *viz.*, Physician, Medicines, Instruments etc., Nurse and the Patient. Of this

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aggregate of four, the physician is the chief cause for the achievement of success, since he is the ascertainer of disease, the director with respect to what the nurse and the patient should do and the adviser of medicines. As in the task of cooking, a vessel, fuel and fire are means in the hands of a cook ; as in a battle-field, an army and weapons are means for the commander's hands for achieving a victory in the battle, even so the patient, the nurse and drugs are regarded as the physician's means in the matter of achieving a cure. Again in the matter of treatment the physician is regarded as the chief cause. Like clay, stick, wheel and thread etc., in the absence of the potter failing to produce anything by their combination, the three others, *viz.* nurse, drugs and patient cannot work out a cure in the absence of the physician. (*Charaka Sutra Ch IX.*)

Ayurvedic culture is not based on constantly changing theories but on eternal principles realised by sages who had attained super-sensuous insight into things. The truths they saw were communicated to their desciples from generation to generation and handed down to posterity with the only object of doing good to humanity. The system was of transmitting truths and giving training in practical treatment, and the teachers of Ayurveda have even up to this day with very few exception maintained the high ideal of imparting free education to deserving pupils and providing boarding and lodging for them at their own houses.

Modern View on Ancient Medical Education—"The system of medical education in India has its own lessons to teach. Two methods are found, one in which every student is in direct touch with the Guru *i.e.* the single student system where a Guru is the ideal of the student who attempts to learn as much as could be learnt from his Guru. After finishing his studies at the feet of one Guru, the student, desirous of learning more, travels in search of one Guru after another, till he attains professional efficiency. This was the system that was responsible for the spread of all the arts which made India the proud master of the whole world at one time. There was no school of weaving but the famous Dacca muslins were the product of India which adorned the queens of Europe. There were no colleges of Engineering but the finest steel required for the swords of Damascus was exported from here. India was famous for its variety of rich dyes and dyestuffs without a school of arts of the modern type. There were no schools specially established to teach

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the architects who built the famous temples of the south. The master architect through one or two of his favourite students taught his skill to others, who in turn had their own series of students and thus the highest class of masters and the lowest class of students worked in the construction of the magnificient temples.

"Even in Ayurveda or the medical art this was the system that was responsible for such deep culture of scientific ideas in the guise of the social and religious practices of the civilised classes of the Hindu Society. The famous Charaka Acharya had only six class mates and Sushruta had seven. In this single student system the students generally take up one text book after another and get by heart books and commentaries in a very remarkable manner unknown and unimitable to students of modern Universities. These students require their practical and clinical knowledge by intimate attachment to their Gurus who in turn treats them as his children and members of his own household.....The Germans who were reputed for their original method, seem to have adopted our system, giving greatest importance to individual professors of repute instead of to the schools or colleges and Universities which have failed to produce the required results. As successors of orignial thinkers and seers let us not be mere imitators of our English masters as we have been trained to be." (Dr. A. Lakshmipathi, B.A., M.B., C.M., Bhishagratna).

"We expect them to see medical colleges teaching the science of healing, not under the name of indigenous or foreign systems, but in the spirit of the ancient seats of learning of the vedic times, where the seeker after truth sat at the feet of the masters in trust and confidence, with no thought of colour or race, but with a single eye to truth and wisdom irrespective of country and origin." (Major K G. Pandalai, M.B., F.R.C.S., I.M.S.,—Madras Medical College Magazine).

Qualifications of the Professors of Medicine :—

He should be one whose doubts have all been cleared in respect of all the scriptures.

He should be possesed of experience.

He should be clever in the practice of his profession.

He should be compassionate towards those who approach him.

He should be of pure conduct.

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He should have practised hand in Surgery.*
He should have all the implements of his profession.
He should have all the organs of sense. (He should not be defective in any of the senses).
He should be conversant with the nature (of health, disease, drugs, time, place and of men, etc.)
He should be conversant with tendencies and acts of the healthy and of the diseased.
He should be one whose knowledge has been supplemented by other branches of study. †
He should be without malice.
He should he without a wrathful disposition.
He should be capable of hearing privations and pain.
He should be one well-effected towards desciples and disposed to teach them.
He should be capable of communicating his ideas to pupils."

(*Charaka, Vimana, Ch. VIII, v. 3.*)

Qualifications of a pupil who wants to study Medicine :—

He should be of mild disposition, should be noble by nature, should not be mean in acts ; his eyes, mouth and nasal line should be straight ; tongue should be thin, red and unslimy ; teeth and lips should have no deformity ; should not have a nasal voice ; should be possessed of intelligence ; should be free from pride ; should be endowed with a large understanding ; should have a power of judgment and memory ; should have a liberal mind ; should belong to a family the member of which have studied the medical scriptures or followed medicine as a Profession ; should have a devotion for truth ; should not be defective in respect of any limb ; should have all his senses perfect ; should

* A physician well versed in the principles of Science of Medicine, but unskilful in his art through want of practice loses his wit at the bedside of the patient just as a coward is at his wit's end to determine what to do when he finds himself in the ranks of a contending army. On the other hand the physician experienced in his art but deficient in the theory is condemned by all good men as a quack and deserves capital punishment at the hands of a king. Both these classes of physicians are not to be trusted because they are inexpert and half-educated. Such men are incapable of discharging the duties of their vocation just as an one-winged bird taking flight in the air. A physician ignorant of the science of surgery and emollient measures (पथ्य कर्म) is but a killer of men out of cupidity and is one who is allowed to carry on his nefarious trade only through the inadvertence of the king A physician well versed in the principles of Surgery and experienced in the practice of Medicine is alone capable of curing distempers, just as only a two-wheeled cart can be of service in a field of battle. (Bhisagratna's Sushruta, Sutra. Ch. IV.)

† For explanation of truths and principles quoted from the other branches of Science of Philosophy and incidentally discussed in the present work the student is referred to the exposition made by the masters (of those sciences of of Philosophy), since it is impossible to deal with all the branches of Science etc. in a single book. By the study of a single Shastra a man can never catch the true import of Ayurveda. Therefore a physician should study as many allied branches as possible. (Bhishagratna's Sushruta, Sutra. Ch. IV.)

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be disposed for solitude ; should be free from haughtiness, should be of thoughtful disposition, be free from those faults which should go by the name of *Vyasana*, should be endued with excellent character, purity of behaviour, devotion, cleverness and compassion for all ; should be fond of study ; should be devotedly attached to the theory and practice of Ayurveda ; should be free from cupidity and wrath ; should seek the good of all creatures ; should be prepared to obey all the commands of the preceptor ; should be attached to the professor."

(*Charaka, Vimana, Ch. VIII, v. 6.*)

About Medical books—One should have recourse to that particular work which has been honoured by men of renown and wisdom, which is full of substance, which is worshipped by the inspired, which is well suited to the understanding of the three kinds of pupils, which is free from the fault of tautology, which is ascribed to a Rishi (ऋषि), which has been well compiled in respect of aphorisms, commentaries and abstracts in due order, which treats of nothing but the professed subject, which is devoid of slang and provincial words, which is couched in words of wide import, which is duly arranged according to sense, which has been principally designed to lead to certainty of inferences, which has well distributed sections, which is capable of being quickly understood, which has all the indications of a scientific treatise and which contains proper illustrations."

(*Charaka, Viman, Ch. 7, v. 2.*)

Mode of Teaching in Ancient days—A Brahmin preceptor is competent to initiate a student belonging to any of the three twice-born castes. A Kshatriya professor can initiate a student of the Vaisya caste, while a Vaisya professor can initiate a student of his own cast alone. A Sudra student of character and parentage may be initiated into the mysteries of Ayurveda by omitting the mantras to be recited on such an occasion.

(*Sushruta, Sutra, Ch. II.*)

After initiating the student according to religious methods, the professor should clearly explain each sloka or a half or a quarter part thereof as contained in the present work, divided into a hundred and twenty chapters ; and the students shall attentively hear every thing explained or discoursed to classify drugs, Taste, Virtue (Guna), Potency (Virya), Vipaka and Prabhava, Dhatu Mala, Ashaya, Murma, Sira, Snayu, Sandhi, Asthi and the fecundating principles of semen and ovam, and to

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extricate any foreign matter lodged in an ulcer, or to ascertain the nature and position of ulcers, and fractures, or the palliative, curable or incurable nature of a disease, etc. ; and since these subjects perplex even the profoundest intellectual capacity, though a thousand times discussed and pondered over, not to speak of men of comparatively smaller intellectual capacity, it is imperatively obligatory on a pupil or a disciple to attentively hear the exposition of each sloka made by the preceptor.

The professor should see that his student attends the practice of surgery even if he has thoroughly mastered the several branches of the study of Medicine.....The art of making specific forms of incisions should be taught by making cuts in the body of a Pushtaphal, Alabu, Water melon, Cucumber or eravanta.

Mode of Teaching Surgery—The art of making cuts in the upward or downward direction should be similarly taught. The art of making excision should be practically demonstrated by making openings in the body of a full waterbag or in the body of a dead animal or in the side of a leather pouch full of slime or water. The art of scraping should be instructed on a piece of skin on which the hair has been allowed to remain. The art of venesection should be taught on the vein of a dead animal or with the help of a lotus stem. The art of probing and stuffing should be taught on worm-eaten wood or dried gourd. The art of extracting tooth should be taught by withdrawing seeds from the kernel of a Bimbi, Bilwa or Jack fruit as well as extracting teeth from the jaws of a dead animal. The art of secreting or evacuating should be taught on the surface of a Shalmali plant covered over with a coat of bee's wax and that of suturing on pieces of cloth, skin or hide. Similarly the art of bandaging or ligaturing should be practically learnt by tying bandages round the specific limbs and members of a full sized doll made of stiffed linen. The art of tying up a karna-sandhi should be practically demonstrated on a soft severed muscle or on flesh or with the stem of a lotus or lilly. The art of cauterising or applying caustic preparations should be demonstrated on a piece of soft flesh and lastly the art of inserting syringes and injecting enemas into the region of the bladder or into an ulcerated channel should be taught by asking the student to insert a tube into a lateral fissure of a pitcher full of water or into the mouth of a gourd. (*Sushruta, Sutra, Ch. IX.*)

(*To be continued.*)

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SYPHILIS IN AYURVEDA.

BY

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History :—Syphilis, as is known now-a-days as a specific infection, was not understood by the teachers of Ayurveda, until it was introduced in India in a virulent form by the Portuguese. In the times of Charaka and Sushruta, what we can find is a brief account of local ulcers on the penis or in the vagina, given the name Upadansha (उपदंश), but one cannot be sure whether the description is of a venereal sore or even also of the simple ulcers or abrasions on the genital organs. It is because all sorts of ulcers are treated together. Again the description of ulcers is so vague that one cannot discriminate between soft and hard chancres; so much so that in the words of Chandra Chakrabarty in Ancient Hindu Medicine page 418. 'it has been often questioned whether the 'upadansha' of Charaka and Sushruta is really Syphilis, and whether the disease was known in ancient India before it was introduced into India by the Portuguese in the 16th century.'

In fact, it is only in the time of Bhava Misra that we find a clear and systematic clinical picture of typical syphilis in his well-known book Bhava Prakash (Madhya-khanda IV) by the name of Phiranga Roga (फिरंगरोग); [Phirang-European; Phirang-Roga = European disease]. The implication of this name is clear, that is to say :—

1. The disease was introduced into India by the Europeans (Portuguese), and

2 The disease spread among the Indians by the physical contact of Europeans, *i.e.* sexual intercourse with European men or women.

The symptoms of the local condition as described by Bhava-Misra are nearly the same as of Upadansha of Charaka and Sushruta. So some of the Ayurvedic teachers of to-day while viewing the subject in the light of the modern Allopathic Science, like to call Upadansha as soft Chancre and Phiranga Rog as Syphilis, the local sore of which is called a hard or syphilitic chancre. Accordingly

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we also intend to adopt this classification, which is also in line with the modern medical science.

I. Upadansha.

Causes—

They may be divided into two parts :—

1. Predisposing causes, which produce a simple ulcer as—

(*i*) abrasion by nails, excessive friction, short-cut pubic hairs of a woman or by hairs directed inwards in the vulva ;

(*ii*) narrow and hard vagina, or vulva situated lower down between the legs.

2. Actual cause is sexual intercourse with a diseased woman, especially when : –

(*i*) her vagina is dirty or already diseased,

(*ii*) she is menstruating.

(*iii*) she has had no sexual intercourse since long time,

(*iv*) she is not willing for intercourse,

(*v*) penis is dirty, and

(*vi*) also when bladder full of urine has not been emptied before the coitus.

तत्रातिमैथुनादतिव्रह्मचर्य्याद्वा तथा व्रह्मचारिणीं चिरोत्सृष्टां रजस्वलां दीर्घरोमां कर्कशरोमां सङ्कीर्णरोमां विगूढरोमामल्पद्वारामधद्वारामप्रियामकामाम चौक्ष्यसलिलप्रक्षालितयोनिमक्षालितयोनिं योनिरोगोपसृष्टां स्वभाववोतादुष्टयोनिं वियोनिं वानारीमत्यर्थमुपसेवमानस्य तथाकरजदशनविज शुक्रतिपातनादर्द्दतदस्तामिघाताच्चतुष्पदी गमनाद चौक्ष्यसलिल प्रक्षालनाद वपीड़नाच्छुक्रमूत्रवेगावधारणात्मैथुनान्ते वाऽप्रक्षालनादिभिर्मेढ्रमागम्य प्रकुपिक्षतेऽक्षतेवाशवपथुमुपजनयन्ति तमुपदंशामित्याचक्षते ॥

Sushruta Nidana, 12.

Varieties and Symptoms of each.

Upadansha is divided into five kinds :—

1. *Vataja Upadansha* or that in which the chief pathological factor is Vat. This is characterized by :—

(*i*) piercing pain,

(*ii*) swelling which is painful and slightly hard, and by

(*iii*) other symptoms of Vat.

(1) तत्र वातिकेपारूष्यंत्वकुपरिपुरनं स्तब्धमेढ्रता परूषशोफताविविधंसुचवात वेदना ।

—*Sushruta.*

(2) सतोद्भेदस्फुरणैः सकृष्णैः स्फोटैर्व्यवस्येत्परोपदंशम ।—*Bhavprakasha.*

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2. *Pittaja Upadansha*, in which there is a prominence of Pitta and which is characterized by :—

(*i*) great swelling,
(*ii*) dark red colour,
(*iii*) burning pain,
(*iv*) rapidly growing to form an abscess, and by
(*v*) rise of temperature.

(1) पैत्तिकेज्वरः श्वयथुः पक्वोदुम्बरसं काश्स्तीव्रदाहः क्षिप्रपाकः पित्तवेदनाश्च ।

Sushruta.

(2) पीतैर्वृक्तेदयुक्तैः सदाहैः पित्तेन रक्तैः पिशितावभागैः ।—*Bhavprakasha.*

3. *Kaphaja Upadansha*, that which is born of Kapha characterized by :—

(*i*) swelling, white in colour,
(*ii*) great irritation,
(*iii*) great hardness,
(*iv*) smooth and greasy,
(*v*) pain peculiar to Kapha.
(*vi*) If opened, there is great exudation.

(1) श्लेष्मिके श्वयथुः कण्डुमा कठिनः स्निग्धश्लेष्मवेदनाश्च ।—*Sushruta.*

(2) सकण्डुरैः शोथयुतैर्महद्भिः शुक्लैर्घनैः स्रावयुतैः कफेन ।—*Bhavaprakash.*

4 *Sannipatika Upadansha*, that in which all the three Doshas are predominent characterized by :—

(*i*) great sloughing and gangrene of the part ; always great exudation,
(*ii*) general symptoms develop which usually kill the patient,
(*iii*) excessive pain in the parts.

(1) सर्वजेसर्वलिङ्गदर्शनमवदरणंशफसः क्लमिप्रादुर्भावोमरणंचेति ।—*Sushruta.*

(2) नानाविधस्रावरुजोपन्नमसाध्यमाहुस्त्रिमलोपदंशम् ।—*Bhavaprakasha.*

5. *Raktaja Upadansha*, which is associated with disturbances in blood and is characterized by :—

(*i*) small scattered black pimples,
(*ii*) small hæmorrhages,
(*iii*) burning sensations,
(*iv*) feeling of dryness of the part,
(*v*) rise of temperature.

रक्तजे क्षणक्षोट प्रादुर्भावोऽत्यर्थमसृक्प्रवृत्तिः पित्तलिंगान्यत्यर्थं ज्वरदाहोशोषश्यावार्यत्वंच कदाचित ।—*Sushruta.*

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Prognosis—

There is no danger to life unless the disease is of Sannipatik variety In all cases the prognosis depends on treatment, the sooner it is begun, the better the prognosis ; otherwise the penis becomes gangrenous and sloughs away.

संजातमावे न करोति मूढः क्रियां नरोयोविषयेप्रसक्तः ।
कालेन शोथक्रिमिदाहपाकैः प्रशीर्ण शिश्नो म्रियते स तेन ॥

Bhavprakash.

Treatment—

1. If the penis has sloughed away and only the testicles remain, naturally then, treatment is of no avail.

प्रशीर्णमांसं कृमिभिः प्रजग्धं शुष्कावशेषं परिवर्जनीयम् ।—*Bhavprakash.*

It is for this reason that

(*i*) the treatment should be begun as early as possible, and

(*ii*) the organ should be saved from sloughing or becoming gangrenous.

पाकोरुचः प्रयत्नेन शिश्नच्चयकरो हिशः ।—*Bhavprakash.*

2. *Local treatment*—

(*a*) Common to all kinds of sores :

(*i*) In the very beginning, apply hot fomentations or lightly massage the part.—(*Bhavprakash*).

(*ii*) Open the dorsal vein of the penis and take out some blood, or apply some leeches.—(*Ibid*).

(*iii*) If the sore is rapidly spreading and cannot be controlled, it is wise to amputate the penis well above the sloughing or gangrenous part, and cauterise the end of the remaining part by a piece of red hot iron ; the burn is dressed by an oily application.—(*Sushruta*)

(*iv*) The following Ghrita and Taila are especially notable for the local treatment of any Upadansha :—Karanjadi Ghrita, Bhunimbadi Ghrita, Agardhunadi Taila, Gojihva Taila, Sambadi Taila and Koshataki Taila.—(*Bhavaprakash II, 4, Upadansha, 36—47.*)

(*b*) Treatment of different varieties :—

I. For the Vataja variety :—

(*i*) Either apply the ointment or wash with the lotion prepared of Pundina gandh drugs (*i.e.* Mulathi, Devadaru, Agar, Daruhaldi, Raisen, Kuth and Ilaichi)

(*ii*) Apply poultice prepared from nim, and seeds, and wheat.

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II. For the Pittaja variety, the best application is prepared from Geru, Rasot, Majith, Mulathi, Khas, Sandal wood, and Utpal.

III. For the Kaphaja variety, apply an oil of the following drugs :—Sal-bark, Ashwakaran-bark, Bacha-bark, and Ajkarana-bark.

IV. For the Raktaja Upadansha, an ointment of the following drugs is useful :—Nim, Arjun, Pipal, Kadamba, Sal, Tamun and Bar.

V. Sannipatika Updansha is best treated by operative measures —amputation above the seat of disease.

(*c*) Symptomatic treatment : —

(*i*) For swelling, apply ointment of Daruhaldi, Shankha, Rasot, Lakh, Gum, Ghee and Milk.

(*ii*) For burning sensations, the above ointment is useful.

(*iii*) For pain, wash the ulcer and dust Hira Kasis powder or apply Kaner juice.

(*iv*) For excessive exudation, wash away the exudation and dust the ashes of Triphala mixed with Sindh salt.

VI. For a large ulcer apply powder of Kamal.

3. Constitutional treatment.

It must be remembered that if in addition to the local treatment the different Doshas are also pacified by general treatment, the local ulcers disappear soon. Of course, the general treatment differs with the Dosha disturbed, but the following line suggested by Bhavprakash is of great help :—

(*i*) If the patient is not very weak, give purgatives and emetics.

(*ii*) If, on the other hand, the patient is too weak to tolerate them, give light enemas

(*iii*) in every case give chiefly liquid diet especially barley foods.

(*To be continued.*)

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.,—(Hazaribagh).

(Continued from our last issue.)

Section V.

DIET IN VATA-VYADHI OR NERVOUS DISEASES.

Diseases of the Nervous system in Ayurveda have been divided by Charaka broadly into two distinct groups :

(1) *Samanyaja* or in which the Vayu is secondarily affected and Nerve-symptoms are so many complications in the course of other diseases.

(2) *Nanatmaja* or Nervous diseases proper in which the Vayu is primarily affected.

Thus general constitutional diseases like the various Vayu fevers (with marked Nervous symptoms) are not included in the group of Nervous diseases, for the nervous symptoms or complications associated with fevers may be slight, as the various aches or pains or severe (to kill the patient) as *Moha* (syncope), *Prolapa* (delirium), *Bhrama* (coma), *Akshepa* (convulsion), but they completely disappear with the subsidence of the original disease (fever).

There may be Nervous symptoms associated with diseases of certain systems which are not included in Nervous diseases. Thus in gastro-intestinal diseases we find several Nervous symptoms as complications like *Pada-daha* (burning of the soles of the feet), *Hicca* (Hiccough), *Urdha-bata* (eructations), *Atopa* (rumbling in the bowels), *Adhman* and *Prattyadhman* (Tympanites), etc.

There may be Nervous symptoms in diseases of the organs of the lower abdomen and pelvis like bladder and rectum, *e.g.*, *Muhur-Mutra* (Frequent micturition), *Mutra-bandha* (complete cessation of urination), disinclination to stool, etc.

The above are Nervous symptoms but not Nervous diseases.

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On the other hand a principal disease of the respiratory system like *Swasa* (Asthma) being a neurosis is included under Vayu-diseases.

Then again mental symptoms and certain mental diseases are intimately connected with the Nervous system and may be included under both category. Among mental symptoms of Nervous diseases we may state delirium, coma, etc. Some diseases of both the systems are *Apasmar* (Epilepsy), *Apatanak* (Hysteria), etc.

Rheumatism is included in Ayurveda in some of its multifarious manifestations as Vayu disease, *e.g.* :

Sarbangagata Bata (general paralysis),

Krostuka-Sirsa (synovites knee),

Sprain like Bata-kantaka (of ankle) is described as a nervous symptom.

SYMPTOMS OF NERVOUS DISEASES.

(1) *Subjective Symptoms.*

(*a*) *Byatha* (pain) of various kinds. These include various kinds of bursting pains, pains of pricking pins and needles, pains associated with different regions and organs, *e g.* :—

Triksula (Lumbago)
Sula (Colic)
Parsva sula (pain at the sides of the body)
Tuni and Pratuni (pain in rectum and bladder)
Siro-graha (headache)
Pristha-sula (pain in the back)

(*b*) *Disturbance of Sleep*—
Anidra (Insomnia and sleepiness)
Jrimbha (Yawning and sleeplessness)

(*c*) *Bhrama* (vertigo or giddiness)

(*d*) *Subjective symptoms referable to the Sense organs*—viz. Eye, Ear, Nose, Tongue and Palate.

(2) *Symptoms referable to Muscles.*

(*a*) *Loss of muscular power* :—

Pakshaghat (paralysis); general Paralysis of particular organs and structures are :—

Jihvastambha (paralysis of tongue)
Tvaka-sunyatta (paralysis of palate)

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Ardittya (paralysis of Face)
Khanja (monophegia)
Pangu (Paraplegia)

(*b*) *Sprain*—Bata-Kantaka (of ankle)

(*c*) *In co-ordination or alteration of gait* :
Kalya-khanja (Locomotor Ataxy)
Dandaka (Paralysis Agitans)

(*d*) *Spasms* :

Apatantrak	Manya-stambha (Wry neck)
(apoplectic convulsion)	Kampa (Tremor)
	Akshepa (Convulsion)
Apatanak	Dhanu-stambha (Tetanus)
(Hysterical convulsion)	Hanu-graha (Lock-jaw)

(*e*) *Rigidity with spasm* (Danta-patanak)

(*f*) *Atrophy*, *e.g.* of arm (Bahu-sosha)

(*g*) *Contractures*-as
Aba-bahuka (of arm)
Biswachi (of palm)

(*h*) *Associated with curvatures of the spine* :—
Antarayam (Lordosis)
Bahirayam (kyphosis)
Kubja (scoliosis)

(3) *Vaso-motor Symptoms.*

Romancha (Horipillation)
Gharma-rodha (cessation of perspiration)
Ruksha (dryness of skin and organs)
Pada-daha (Burning of the sole of feet)

Nervous Diseases.

(1) *Neurosis* :—
Apatanak (Hysteria)
Batasthila and Pratyasthila (Phantom tumour of abdomen)
Madatyaya (Alcoholism).

(2) *Nuralgias* (Khally) *e.g.*, Siro-roga (the graine or cephalgia)

(3) *Neurites, e.g.* :—
Gridhasi (Sciatica)
Pada-Harsa (Peripheral Neurites of lower extremities)

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(4) *Nervous diseases* :
Sannyasa (apoplexy)
Vayu-Kapha (vagotonia)
Vayu-pitta (sympathotonia)

(5) *Diseases of sense-organs*
Muka (aphasia)
Badhira (deafness)
Karnanad (Tismitus Aurium)
Rasajnan (Loss of taste of tongue)

Pathologically Nervous diseases may be classified —

(1) According to *doshas* deranged causing different Nerve symptoms :

Pitta affecting Prana-Vayu (chest)—vomiting, burning etc.
„ Udan Vayu (Head and Neck)—Burning syncope, coma, weakness.
„ Samana Vayu (Lower abdomen)—perspiration, burning, heat and syncope.
„ Apana Vayu (Upper abdomen)—burning, heat, hæmorrhage.
„ Vyana Vayu (whole body)—burning and weakness.

Kapha affecting Prana-Vayu—mental and physical weakness, sleepiness, deranged taste.
„ Udana Vayu—stopping of perspiration, grief, chilliness, Indigestion.
„ Samana Vayu—cessation of urine and faeces, horipillation.
„ Apana Vayu—heaviness and chilliness of lower part of body.
„ Vyana Vayu—Spasm, rigidity, colic, œdema.

(2) According to *tissues* affected :—
Rasagata (Chyle deranged)
Raktagata (Blood „)
Mansagata (Muscle „)
Medogata (Fat „)
Asthigata (Bone „)
Majjagata (Marrow „)
Sukragata (semen „)

(3) According to *organs* affected :—
Amasayastha (Stomach affected)
Pakkasayastha (Intestines „)

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Basti-gata (Bladder affected)
Guhya-gata (Rectum „)
Hrid-gata (Heart „)
Shrota-gata (Channels and Ducts affected)
Siro-gata (Vaso-Motor disturbances)
Snayu-gata (Nervous derangement)
Sandhi-gata (Joint „)

THE VARIOUS FACTORS WHICH DERANGE VAYU.

These may be divided into two groups :—

(1) *Directly affecting Vayu.*

(*a*) All articles of diet of bitter, pungnet or astringent taste taken in excess.
(*b*) Excess of dietetic articles which are ruksha (drying), stopping the secretions and excretions.
(*c*) Semi-starvation by taking light and easily digestible food in small quantities.
(*d*) Exposure to East wind.
(*e*) Excessive swiming.
(*f*) Following injury.
(*g*) Exposure at night.
(*h*) Excessive cœtion.
(*i*) Failure to attend calls of nature.
(*j*) Excessive Excitement of sexual desire.
(*k*) Emotional excitement of grief, fear, anxiety.
(*l*) Excessive Haemorrhage.
(*m*) Excessive muscular waste and weakness.
(*n*) Excessive vomiting, purgation.
(*o*) Stoppage of secretion and excretion.
(*p*) Venereal affection,
(*q*) Seasonal causes—afternoon and last part of night, specially in rains and winter after food is digested.

(2) *Indirectly affecting Vayu.*

(*a*) Meha—urinary disease with abnormal substance in urine
(*b*) Sutika—Peurperal diarrhœa.
(*c*) Fasting, night-keeping, hard physical exercise.
(*d*) General weakness (constitutional).
(*e*) Following various diseases.
(*f*) Old age.

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DIET IN VAYU DISEASES IN GENERAL.

General.

Diet must be regulated according to various manifestations of Nervous diseases. In every disease in the selection of diet, not only we should take into consideration the nature of the disease, but Individual peculiarities and idiosyncrasies as well as the habits depending on race and country and several other factors.

Thus in Nervous diseases and symptoms like *askhepa* (convulsion), *Pakshyaghat* (paralysis), *manya sthambha* (wry neck) etc. don't give rice in the acute stage.

On the other hand give rice in the acute stage of *sandhi-Vata* (joint pain), *Pristha-gata-Vata* (back-ache), *Rasa-gata-Vata* (chyle affected) etc. When these diseases are more advanced and fully developed, don't give rice.

In the acute stage of Nervous diseases when *Vayu* is much irritated, specially inflammatory stage often accompanied with fever, it is not desirable to give rice, but such starches as barley water, rice water (*anna-manda*), soup of the pulse known as *Mug*, etc. are prescribed.

When the acute stage is over, give, according to indications, rice, soup of Kulthi Kalai, meat soup of goat, chicken, deer, partridge, etc., soup of fish like Rohee, Magur, Singhi, Ban, Pabda, Koi, Bela, Khalisa, and other small fishes, Vegetables like Sajina, Patole, Brinjal, garlic, Gandhal are best indicated.

It is desirable in Nervous diseases generally to give nutritive food like butter, ghee, cow's milk, fruits like mangoe, palm, dates, raisins, etc.

It is specially necessary to give nutritive foods when Nervous complications arise in the course of such diseases as gonorrhœa and other urinary derangements (meha) accompanied with tissue waste or such diseases as peurperal and other diarrhœas taking into account the original disease.

The following procedures should be adopted according to indicications :

Rubbing of oil over the body, massage, enema, fomentation, oily enema, bath, avoiding exposure by covering the affected part, heat applications, paste application, nasal douche and

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dietetic procedures to produce good and healthy chyle, medicated snuffs and sun's rays.

Nutritive food should be taken according to indications, various animal and vegetable fats, milk, lard, butter, sweets, acids and salty articles of diet, wine, various kinds of meat and fish, vegetables and fruits remembering the individual action of the different dietary articles.

In *"vata vyadhi"* soothing or heating things are good. In *pakkyasaya gata-vata* (affecting lower intestines) and *mansa gata-vata* (affecting muscles), soothing purgatives ; in tympanites suppositorias fasting and food to stimulate digestive enzymes are good. Venesection is good when palate, muscle, blood and semen are affected.

To avoid—

All procedure which irritate Nerves like worry, night-keeping, avoiding immediate attendance to calls of nature, emetics, exercise, fasting, coetion and riding, travelling and venesection.

Avoid the following dietetic articles :—Gram, wild kulthi, rice other than the best varieties, beans, Barbati and Sim.

Fruits like black Jamun, kesur, Lotus and other water vegetables, also betel nut, inside of seed of palm, gourd, pumpkin, leafy vegetables, figs, ass's milk, incompatible articles of diet, alkaline articles, dried meat, sweet, bitter, pungent and astrigents.

(To be continued.)

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RESEARCH WORK ON TUBERCULOSIS.

AN APPEAL BY KAVIRAJ BALWANT SINGH MOHAN
VIDYAVACHASPATI, RESEARCH SCHOLAR,
Dayananda Ayurvedic College, Lahore.

Under the auspices of the Dayananda Ayurvedic College, Lahore, work is being done since March 1927 to collect all available material (literature) on the diagnosis and treatment of Tuberculosis (राजयक्ष्मा) according to the Ayurvedic system of treatment. We have now completely tabulated from a very large number of published works all the informations we could gather on the subject.

Due to reasons which are now a matter of history all other books and manuscripts of Ayurvedic medical literature are not readily available and in fact thousands of the finest works were destroyed in the past centuries through ravages of time. But we are confident that in various parts of the country there are a large number of unpublished and important works, which can be of great help to us in our labours and it is with a view to obtain original copies thereof that we have taken up this plan and through the medium of your Journal we wish to approach all people possessing such works to be kind enough to give us tha benefit of their knowledge on the subject.

We are also making all possible efforts a obtain unpublished works from the various libraries of India and it is our intention to publish in a concise form the result of our labours, so that those who follow us in quest of the same subject may not have to go through the laborious toils which we have undertaken upon ourselves.

It is our firm conviction that we as a nation held the key to the solution of the problem of prevention and cure of this terrible disease. This belief is principally based on the fact that of all the living nations we have largest collective knowledge. Our exeperience dates back to untold number of centuries and the amount of labour spent by our ancestors on the subject is very great indeed.

As our cause is the cause of humanity and science we trust that the persons holding knowledge, whether oral or written, on the subject will co operate with us by giving us the use of their valuable knowledge. We will also be thankful to receive any kind of information regarding the disease, the addresses of such professionals who are really expert on the subject, the best sanitorium throughout India or any such information or useful suggetions in the line of work.

We hope that all the well wishers of the science as well as of the suffering humanity will show a keen interest in our enterprise and extend their hand of useful co operation and help. It will be a right sort of service to the mankind in general all over the world.

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Notes and News.

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PRIESTLEY, SEER OF AIR.

Every physician who administers oxygen; every dentist who gives a whiff of laughing gas; every layman who takes a sip of soda water in midsummer, owes something to Joseph Priestley, scientist and odd genius.

Chemists always have something to say about him in August, and this year they are talking more than their wont, because on the first day of the eighth month, 1774, he discovered oxygen. So 1927 A. D. marks the 153rd anniversary of that epoch making.

Priestley was most happy when he was in a fight. His temper was ever a fiery one. If it had not been, the world might have missed many things which he gave it. He tried to be a preacher, but his theology was so radical, that he could not enter any formal church and started an independent congregation in Birmingham.

His views on politics and social matters were just as pronounced. He brought on himself the rage of his fellow citizens by his much too frank opinion of them in a little book called "Familiar Letters to the Inhabitants of Birmingham," and followed that up with an attack on kings and their ways. He was leading all competitors for the unpopularity contest, when on July 14th, 1791, the anniversary of the French Revolution and the fall of the Bastille, he had a real housewarming party. A mob burned down his little church, and also his home, in which were his library, his apparatus, and the records of his researches.

Then he sailed for America where he arrived after a stormy voyage of two months, and found peace for a time in Philadelphia. Priestley knew Benjamin Franklin whom he had met through their common interest in electricity, and through him came in close touch with the American Philosophical Society which "Old Ben" had founded. Through that learned organization he communicated some of his most important discoveries.

Declining the presidency of the University of Pennsylvania, Priestley retired to the little town of Northumberland, Pa. It was in Nothumberland that Priestly died and there he was buried in an old churchyard. A movement was recently started to move his house to the campus of the Pennsylvania State College.

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It will be remembered that in 1776, Priestley discovered nitrous oxide, or laughing gas, which soon was used as a mild anaesthetic. He made hydrochloric acid and ammonia known to the world and told it, for the first time, what carburreted hydrogen was. To him also goes the credit for the discovery of carbon monoxide. His researches indicated that nitric acid is formed by the passing of electric sparks through the air, and thus he was the pioneer of "air mining," for he made possible the fixation of atmospheric nitrogen.

To this great leader in the realm of pneumatics, we owe the beginnings of many industries which depend upon the use of gases. His analyses of the air started the investigations which resulted in others finding rare elements, such as the gas helium, which, almost as light as the inflammable hydrogen, but as flame-proof as nitrogen, enables the airship Shenendoah to be proof against lightning and fire. He pointed the way to the use of the so-called poison gases in chemical warfare and for medicine and industary. Year by year, Priestley is getting more and more up-to-date—not only in his chemistry, but in his politics and theology.

His discovery of oxygen, by which he is best known, demolished a time-honored theory over which scientists puzzled so many years. In order to account for the burning of things, Stahl, the noted chemist and physician, assumed that there was a subtle fluid which was combined with ash in inflammable bodies, and escaped when combustion occurs. The flame and the heat was according to this view, the effort of the phlogistin, as Stahl called it, to free itself from an affiinity. In fact, Priestley called oxygen "dephlogisticated air" at first. The investigations of Scheele, the Swedish chemist, and of Lavoisier, the French scientist, who were also working on the theory of combustion, swept aside the picturesque but unsound ideas of Stahl and showed that burning was due to the effect of the oxygen in the air. Of course, their views were bitterly opposed by prejudiced followers of the old idea. The controversy of the "pros" and the "antis" over phlogistin was in fact one of the bitterest which marked science in the eighteenth century. The upholders of the Stahl theory were called phlogistians; the opponents Antiphlogistians, and both names are in modern lexicons.

The name phlogistin is derived from the Greek word, meaning to burn or to be inflamed. In these days there has come into the dictionary, Antiphlogistine, the designation of mineral poultice which is inflammation. The remedy in itself is a protest against

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an unsound practice which research has proven harmful—blood letting. At one time, even learned men maintained that phlebotomy was justified. Modern science has shown that congestion due to too much fluid can be relieved without recourse to the lancet—and out of that discovery a new term has come into the vocabularies of many nations.

PROCESS OF HORLICKS MALTED MILK PREPARATION.

"Horlicks Malted Milk" The words make one think of rustic things, the sleek herds in green fields, the cool farm dairy, the great white cream pan, and, of course, the pleasant country malthouse where the good barley becomes that better and sweeter thing called malt. We think of Horlicks Malted Milk as originating in such scenes as that.

And so, in fact, it does, for its ingredients are the product of the English farm. Its manufacture is a different matter, and it would surprise most other people as much to find on visiting the pleasantly situated factory among the trees just outside Slough to see the array of mighty engines which are used in the making of this esteemed food and beverage.

Power—and Paint.

As one passes from department to department, from floor to floor, in the huge building he is astonished first with the stupendous amount of machinery which is at work, and then and just as forcibly, by the cleanliness of the place. Even down in the boiler house, where four oil furnaces roar with a mighty roar, there is cleanliness, and then he is led through the engine room and into the factory itself and the warehouse. In the engine room several powerful electric generators purr softly away, and a couple of big Diesel engines clang and clatter.

It is like the engine room of a battleship yet here and throughout the factory, everything shines with fresh paint and burnished metal. No matter where you went, from top to bottom of the building, not a wall, not a beam, not a girder but is well-covered with paint, the work of the six or seven painters who are on duty in the factory all the year round, keeping it in perfect condition. The floors are of the same almost phenomenal purity. They are all thoroughly scrubbed every day, for which task, where possible, a floor-scrubbing machine is employed. In short, it is something more than an efficient and cleanly factory, it is a model one. No expense seems to have been spared to make it so. The many thousands of pounds worth of metal apparatus,

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pipes and so on are made either of thick and brightly burnished copper or of "staybright" stainless steel.

This immaculateness does not stop with the premises. It is extended to the employees, who number about 250, and the firm provides them all with their working clothes, in many instances even down to under-clothes and shoes and caps, these clothes being laundered for them at short intervals.

SOME BIG FIGURES.

The factory makes 50 tons of Malted Milk a week. It has its own artesian well, yielding water of great purity—and consumes 40,000 gallons of water an hour !

The milk bill is for 15,000 gallons per week all fresh from farms in Buckinghamshire, Berkshire and Wiltshire

The malt and pure wheat flour used are from British-grown grain, and the firm has its own malthouses at Thetford, Norfolk.

The Slough factory supplies England, the British Empire, Europe, Africa, Australia, New Zealand, and China. The rest of the world is supplied by the factory in America, which, incidentally, is four times as big as the English one.

It may be mentioned that Horlick's Malted Milk was first put on the market in 1874, when Mr. James Horlick, a member of a well-known Gloucestershire family, started a small factory in America. The concern, both in England and America, has remained solely in the Horlick family ever since, and has assumed its present great proportions under their personal guidance. The Slough factory is under the directorship of Sir Ernest Horlick (chairman of the board), Col. J. N. Horlick, Mr. O. P. Horlick. and also on the board of directors are Mr. Wm. Horlick, senr. Mr. Wm. Horlick, junr., and Mr. A J. Horlick.

It was about 20 years ago that the factory was established at Slough, the object being to offer the British public a product which was not only made by an English firm but on English soil, and by English labour and material.

The factory employs about 350 people with an office staff of about 70, and an "outdoor staff" of over 100.

A FEW WORDS ON THE PRODUCT.

A very bald sketch of the wonderful processes by which is Malted Milk made is given here. There would be material enough for a small book. A few words only about Malted Milk itself, which, of course, is worldfamous as a baby food, as a nourishing beverage and for all dietetic purposes, including the training of athletes is mentioned.

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Malted Milk consists of pure milk, extract of malt, and the best and purest wheat flour which the world can produce. The malt is crushed, mixed with the flour, and then infused in hot water, and practically speaking, "strained," and the rich liquid is mixed with the milk. This mixture then goes into "vacuum pans" which dry away all the moisture, leaving a dry substance which is ground up and becomes then "Malted Milk," a valuable food containing all the nourishment and made of the valueless parts of the malt, milk and wheat.

Ensuring Uniformity.

Such, in brief, is the process of manufacture, but it is much more complicated than it sounds. The first difficulty is to ensure that the malted milk is of the same standard all the time. The richness of milk varies with the condition of the cows and the time of year, and if it were all treated alike it would mean that one batch of malted milk would be richer than another, a circumstance which would be highly unsatisfactory for the feeding of babies or dieting of invalids. Samples of all deliveries of milk are therefore tested in the firm's laboratories, and cream is either added or subtracted to bring it to the uniform standard of quality.

Not only do the chemists analyse the milk for quality, but also for wholesomeness, and any unsatifactory delivery is rejected. Their duty is also to examine all the other ingredients used in the factory, and finally, carefully to test each batch of malted milk as it is made.

It happens that the temperature at which the product is manufactured, while too low to destroy any of its food value, is sufficient to guarantee complete sterility as regards germs of any kind, but no extra precaution is omitted.

The Milk Meets the Malt.

There are six churns of milk direct from the firm's own railway siding placed in a row on a metal frame There is really a large strainer, through which the milk gradually filters and passes through pipes into the next department, where, in a row of six spotlessly wholesome troughs it is met by the pipes bearing the malt extract from another part of the premises.

Making the Malt Extract.

The malt extract is a whitish brown fluid, with a delicious aroma and pleasant taste, and it has been through long and expensive processes to bring it to this condition. The malt arrives at the factory in sacks, and to the casual observer looks like whole barley grain, which, indeed it is, except that, having passed through the malster's hands it is a lighter and more nourishing article with special food properties of its own.

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Labour saving devices greatly simplify the work of crushing the malt. Half a ton at a time is placed on a patent trolley and wheeled into a lift which carries it to an upper floor, where it is tipped into "hoppers," and falls through funnels into "Seck" mills, which grind it small.

As it emerges from the mill an ingenious apparatus mixes it with the fine wheat flour, the flour being "wormed," or pushed in amongst the malt by a large screw, resembling an auger, lying along the floor in a wooden shaft. The malt and wheat mixed, they are forced on to the foot of another wooden shaft, which rises from floor to ceiling like a column, and inside this one there is an evermoving chain of buckets which lift the malt and wheat up to the ceiling, and carry it along to the other side of the room and tip it into large bins.

GREAT COPPER PANS, AND THE HYDRO EXTRACTOR.

Suction draws it from these bins through pipes into the adjoining room, and it pours into great copper pans and is mixed with hot water. The pans are brightly polished inside and out and hold a thousand or so gallons a piece. They are surrounded by "steam jackets" for heating the contents, and the malt and wheat is smashed in the hot water sufficiently long to release all the nutriment.

The next task is to separate the rich liquid from the insoluble husks, and this is accomplished by allowing the steaming contents of the pans to fall out on to a platform of moving gauze. Most of the liquid falls through the gauze and flows away through pipes into the waiting troughs of milk. The residue is carried along by the moving platform and emptied in a "hydro extractor," a monster copper pan, eight feet in diameter, which revolves at 600 revs a minute. The sides of the pan are perforated, and the speed of the revolution flings the husks against the sides, and the liquid is flung off through the holes and goes away in pipes to join the rest. Incidentally the husks which are left contain no further nutriment of use to the human system and are passed on to farmers for use as cattle food.

COPPER DOMES.

We may now consider we have come to the stage of having "malted milk," but it remains to be cooked and dried to a powder. Suction is again applied to draw the liquid across the factory to the department which houses the "vacuum pans" for the cooking and drying. Judged as a spectacle this department is the best of all. The vacuum pans, of which there are about a dozen, are great domes of burnished copper, several feet in diameter, and the height of a man, with powerful pump to keep the interior exhausted of air.

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In the side there is a round window, such as one might see in a submarine, and by shading one's eyes one may look in and see the lighted interior, where the malted milk, thousands of gallons at a time swirls and heaves like a whirlpool and cooks in the steam-provided heat. Two vacuum pans standing at one end of the room are larger than the rest and in these the first stage of evaporating takes place, the malted milk remaining in them for two hours until it has been dried to about the consistency of condensed milk. From these two it is pumped into the smaller pans, in which the evaporating is completed and after an hour and forty minutes the milk has become a solid, though light mass.

A Solid Mass.

It is dug out of the pans in lumps resembling coke but of an agreeable yellowish-brown colour, and extraordinary light to handle. A large bin of it only contains a few pounds.

These lumps go into a "disintegrating machine," which reduce them to the fine powder and when they leave the machine they are the finished product—Horlick's Malted Milk.

Pending bottling and packing the product is stored in large metal bins, in a room in which the air is dried by machinery to prevent any moisture from entering the powder

Bottling and Packing.

Bottling and packing are in themselves quite elaborate operation. The bottling department, is quite a masterpiece of efficiency.

Washed and sterilised in the basement, the bottles come up by lift and are placed in moving racks which creep slowly along in front of the fillers. Boys pick them up as they come along and hold them under the nozzles of ingenious filling machines. A screw, on the principle of an auger, protrudes from the nozzle into the bottle and revolves, pushing down exactly the right quantity of malted miik to fill the bottle, the bottle sinking away from the augur as it becomes full.

After filling, the bottles pass along to a corner of the room, where through a hole in the partition, they are removed by workers in the next department, and here they find their way on to another moving platform and creep along in front of a row of girls. The first girl inserts a cardboard disc into the mouth of each bottle the next girl lifts the bottle and dips the mouth into liquid wax, sealing it airtight, it passes along on the platform under a machine which presses on a metal cap. Next it passes on through a water bath, to ensure utter cleanliness, even of exterior and after the bottle has been dried by hand the platform carries it along to where a machine with a hand which descends sticks a label round it.

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Then away for wrapping, which is done with wonderful speed and dexterity by girls.

It may be mentioned that the girls in this department change their duties over every hour or so, to prevent the ill-effects of monotony. One hour they may be waxing the bottle mouths, and the next hour tending the labelling machine, and so on.

Packing in cartons or in wooden boxes follows next, and even here the help of every possible mechanical device is taken advantage of. The nailing machine for example, claps the lid on box and drives in a dozen nails, in two quick blows. All the boxes are made on the premises.

The firm have two warehouses attached to the factory for the storage of the ready packed product, and werehouses, by the way, are connected both with an overhead passage and an underground passage.

To conclude, the impression which remains with one after a visit to this wonderful factory is of unparalleled cleanliness, superb apparatus and of manufacturing carried on lines of "the ideal."

INDIGENOUS SYSTEM OF MEDICINE.

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PUNJAB GOVERNMENT'S ENCOURAGEMENT.

The Punjab Government in a lengthy circular addressed to the members of the Legislative Council outline their attitude on the encouragement of the indigenous system of medicine in the Province. This subject, says the circular, was most carefully reviewed after the debate in the budget session of the Council.

WHAT IS EXACTLY NEEDED.

After a perusal of the debate a number of questions suggested themselves to Government. Was it suggested that it should be the aim of Government gradually to replace practitioners of Western medicine in Government institutions by men trained in the indigenous systems or was it intended merely that hakims and vaids should supplement the State-supported system of Western medical relief and serve the needs of the public for small ailments in places where there were no dispensaries? If the former of these alternatives were intended should Government establish a college for the training of men in the Unani and Ayurvedic systems or should subsidies be paid to enable existing

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institutions to expand their facilities for such training? If action was taken in either of these ways to foster the teaching of the indigenous system, would not this prejudice the Tibbi College at Delhi? Again if hakims and vaids were to be employed only in small places where there were no dispensaries, should arrangements be made for their training in Western Surgery and was Government to employ them or should this be left to local bodies with or without assistance? Lastly, should efforts be made to standardise indigenous medicine and control their sale so as to protect the public from impure drugs and should steps be taken to establish the manufacture of pure indigenous drugs? In order to arrive at some conclusions in respect of these and many other questions the Government examined in detail the reports of committees appointed in various other provinces from time to time.

Indigenous System Deffective.

Firstly, the most enthusiastic supporters of indigenous systems, says the Circular, feel that they are defective in respect of medical knowledge and reqnire to be supplemented by very large amount of Western medicine and surgery. In some aspect the Unani system of to-day is in fact at a stage where the western system of medicine stood some centuries ago. While in the West the system of medicine has been enormously developed, in India it has greatly degenerated. There would therefore appear to be no justification for attempting to replace the Western system by a system which is at a stage which it had reached so long ago, supplemented only by a smattering of the knowledge of recent developments The Ayurvedic system is similarly defective but it is claimed for this system that the "Tridosh", a theory on which it is based, has a value of its own which is not shared by Western medicine. No proof of this assertion is, however given and no explanation is forthcoming as to how this value is established in actual practice.

Drugs Cheap because Impure.

Secondly, the chief advantages claimed for the indigenous systems are their cheapness and their popularity with the masses, but an examination of these claims proves that they are somewhat illusory. This is substantiated by a lengthy discourse on this aspect. The Circular says that cheapness of indigenous medicine is gained at the expense of efficacy. That many drugs used in indigenous medicine are cheap because they are impure and unstandardised cannot be accepted as an argument in favour of their use.

Triumph of Indigenous over Western Medicine.

"It may be asked," continues the Circular, "in reply to the criticisms of the indigenous systems whether it is not a fact that many hakims

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and vaids have cured patients for whom western practitioners have been able to do nothing and if this is so how the indigenous systems can be condemned as wholly valueless. To this it may be answered that it is admitted that valuable results are often obtained by indigenous practitioners, that the efficacy of many drugs used in indigenous practice has been well established and that the use of many such drugs has been incorporated in Western medicine. It is admitted too that the practice of Western medicine in India may require many modifications to suit it to Indian conditions. There may be many more drugs used by indigenous practitioners which could with advantage be used by western practitioners and Western medicine may have much to learn from the indigenous system as to treatment, diet, etc.

RESEARCH TO BE INITIATED

India can undoubtedly make valuable contributions to Western medicine and it is the aim of Government to do what they can to make the Punjab's contribution as effective as possible, For the moment the Inspector-General of Civil Hospitals and the Principal of the Medical College have been asked to report what steps can be taken to initiate research with regard to therapeutics and dietetics. The scale on which such research can be conducted must of course depend on the extent to which fund are available. Government consider it to be their first duty to complete their existing programme for the expansion of medical relief so as to bring it within reasonable reach of all ; the funds available for research must therefore consequently be reduced at first but it will be constant endeavour of Government to ensure that all that is valuable in the indigenous system of medicine shall be brought to the notice of those practising Western medicine in this province and in this endeavour Government would enlist the co-operation of all who believe that India can still, as in the past, make valuable contributions to Science.

REGISTRATION OF PRACTITIONERS.

Concluding it is stated that time has not yet come for any legislation for registration of practitioners as suggested. Registration of practitioners as suggested by Punjab Tibbi Conference is considered pneumatic until a body can be found which has established itself in public opinion as a fit and proper body to be entrusted with authority to register practitioners.—"The Indian Daily Mail".

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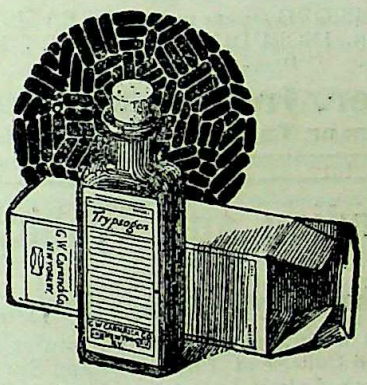

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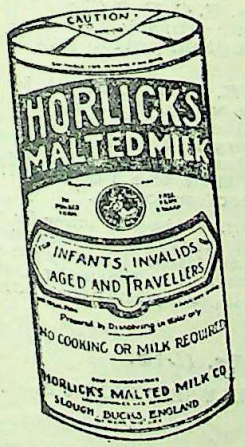

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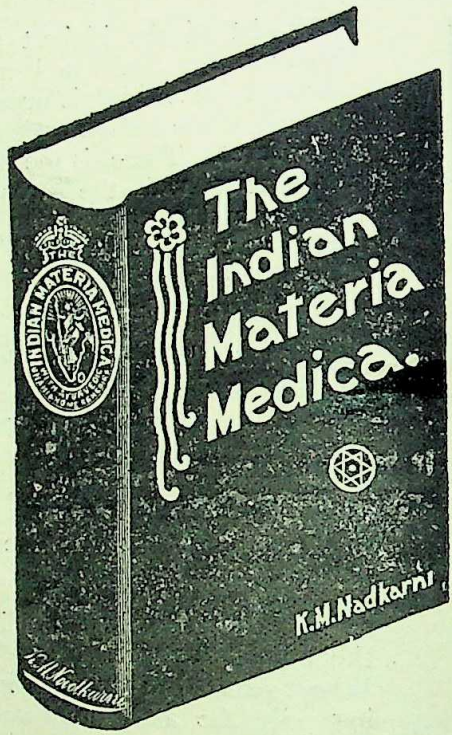

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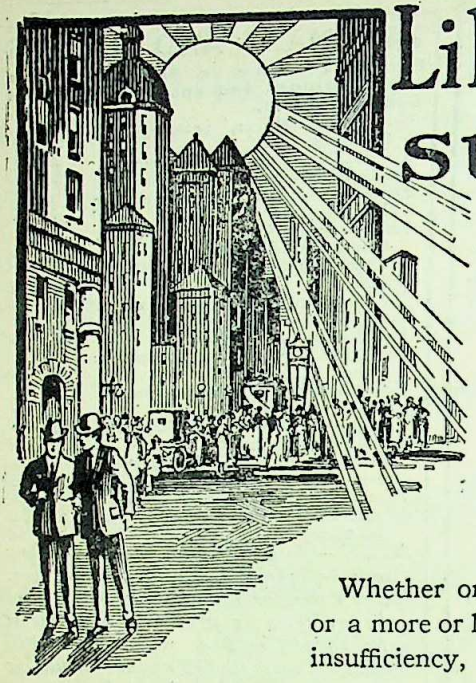

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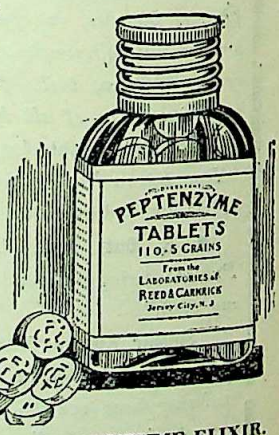

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THE JOURNAL OF AYURVEDA.

Vol. IV.] September, 1927. [No. 3.

Mr. Pilcher & Ayurveda.

Mr. Pilcher, M. P., formerly of the Calcutta Statesman, "The Friend of India" has vilified India from every aspect, Political, Social, Religious, and Medical. A host of letters appeared in the various journals in the length and breadth of our land protesting against the tissue of lies that abound his speech since it was quoted by the so-called "Friend of India" from the "Saturday Revivew". We are concerned here with what is stated against Ayurveda.

Pilcher has stated that at the persistent clamour of Indian politicians, Government is forced to give State-aid to the "preposterous Ayurvedic and Younani Systems of Medicine". We emphatically deny this accusation not only of Indian politicians and the various provincial Governments that have given State-aid for rejuvenation of these ancient systems and giving a better and more systematic training to the future vaids and hakims of India who mainly supply the medical needs of rural India and, without whose aid, it would have been impossible for any provincial Government of India to supply adequate medical aid to the dumb millions for whom the heart of Pilcher is crying out so much on the eve of the coming of the Statutory Commission. It was an outcome of the economic and business point of view of those provincial Governments who have given State-aid to existing Ayurvedic institutions incorporating in their teaching what is lost or unknown to Ayurveda from modern medicine, so that the best of both the systems are taught to the students.

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No doubt Pilcher with a keen eye on vested interests spoke in such a despicable strain about Ayurvedic and Younani systems. European medical men practising in India have very recently recognised the great truth that Ayurveda modified is more suitable to the needs of India than the imported modern western system. Thus the Bengal Government has opened a department in the Calcutta School of Tropical Medicine for research of Ayurvedic drugs on modern lines.

So also the Government of Punjab is trying to undertake research work not only on Indian drugs but on Indian diet.

But Pilcher will have none of these things. His wisdom appears to be superior to that of so many provincial rulers. His knowledge of Medicine appears to be vastly more than so many doctors, I.M.S., Indians and Europeans, service and non-service men who are high in their praise of Ayurveda. We need mention two men in particular in this connection, the late Sir Pardey Lukis, who rose to be Director General of the I.M.S. and Major Knowles, I.M.S. of the Calcutta Tropical School of Medicine, Associate Editor of the Indian Medical Gazette, the official Medical Journal of India. These two men in particular were frank and outspoken and true to the "Salt" of India, who rose above their own vested interest and had really the country's good at heart. We cannot but praise them highly for this love of truth, the true scientific spirits free from dogma. They are not little dogmatically minded *Kupa-mandukam.* They are far above Pilcher and his sect, the Anglo-Indian die-hards.

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Punjab Government and Indigenous Medicine.

—:o:—

The Punjab Government has recently issued a circular addressed to the members of the Legislative Council on the subject of research of the Indigenous System of Medicine. The Inspector-General of Civil Hospitals and the Principal of the Medical College have been asked "to report what steps can be taken to initiate research with regard to Therapeutics and Dietetics." The scale on which such research should be conducted must of course depend on the extent to which funds are available. "It will be the constant endeavour of Government" says the circular "to ensure that all that is valuable in the Indigenous System of Medicine should be brought to the notice of those practising western medicine in the province and in this endeavour Government would enlist the co-operation of all who believe that *India can still as in the past, make valuable contributions to Science*".

We are extremely glad to note this move towards research of Ayurveda in the domain of two of the most important branches—*viz.* Therapeutics and Dietetics We hope it will be later extended in other departments of Indigenous Medicine. Further, therapeutic research should not be restricted to the action of drugs only, but to drug combinations as has been recently pointed out by the Ceylon Ayurvedic Conference this year, to specific principles of treatment found in Ayurveda as well as to special modes of treatment as had been pointed out sometime back by Major Knowles of the Calcutta Tropical School of Medicine, not to speak of other points in this connection. Regarding diet, the specific principle of dietary, special combinations of diet, the individual salts and vitamines found in each foodstuff should be found out besides the three proximate food principles, so that their action on the system should be made intelligible to non-Ayurvedists. We believe that research of Ayurveda on modern lines will further bring out its excellence and increase its claims and efficient working.

We are however afraid that the I. G., Civil Hospitals, Punjab, and the Principal, Medical College, Lahore, have

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no personal knowledge of Ayurveda and are therefore hardly fit to suggest what steps should be taken for research work on the subject without the aid of Ayurvedists. Their suggestions will only be vague and general. Government would have done better to ask the principals of the Gurukul Ayurvedic College Hardwar, and the Ayurvedic College Delhi, to work with the I. M. S. officers to formulate the scheme of research. We hope that the officers concerned will not only consult them but also the leading Ayurvedists of their province and even outside it by issuing a series of questions to the leading Ayurvedists of India and Ceylon. A well prepared scheme will be necessary for successful research. An ill-prepared, hasty, unorganized scheme will not promise much success.

We are of opinion that research on Ayurveda is urgently needed, not only to bring out its further excellence but also to see that Ayurveda no longer remains a mystery to be exploited by ingenious persons on a too readily believing public. But it should be properly and systematically done and not haphazardly as is done in a sister province. Further research on Ayurveda must be done on modern lines but not in institutions attached to modern medical schools and colleges where the atmosphere is so un-Ayurvedic, but in Ayurvedic institutions where the very spirit of Ayurveda, so to say, is readily grasped and absorbed by research workers and such a procedure will be productive of better results.

We are glad to note that the Punjab Government is going to start research work on Ayurveda sincerely believing that "India can still, as in the past, make valuable contributions in science" and we hope that our countrymen of Punjab will heartily co-operate with the Government in every respect for this very laudable endeavour of the Government. Will Bengal take a note of what Punjab has pronounced, *viz.*, that even now India can make valuable contributions to science and will it act on it? Bengal is fast getting behind the times, specially in matters Ayurvedic. The Government of Bengal has yet to start an Ayurvedic institution of its own or subsidize an existing Ayurvedic institution like the Astanga Ayurvedic College of Calcutta. Our congratulations to Punjab for this excellent move in the right direction.

A. T. R.

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Original Articles.

HUMAN PARASITES IN THE ATHARVA VEDA.

BY

DR. GIRINDRA NATH MUKERJEE, B.A., M.D., F.A.S.B.

—:o:—

PREFACE.

While I was engaged in researches on the subject of the medical science in the *Atharva Veda*, I came across with descriptions of worms, especially of the entozoa in man and cattle. I found it no easy task to identify all these worms as there was scarcely any detailed description of the diagnostic characters of these worms. At first it seemed a hopeless task, and I could derive no help as I knew no contributions from any author who attempted such indentification before. The term 'worm' is hardly justifiable, except as a convenient name for a shape. The animals to which the name is applied form a heterogenous group, including classes whose relationship is imperfectly known to us. However, by study and perseverance I had been able to identifiy some of these worms, and it appeared that Vedic sages had a better knowledge of Helminthology than that possessed by the Hindus of later generations. Even the ancient Ayurvedic authors did not show any improvement in their knowledge of the subject, and the modern Pandits scarcely understand the meaning of the hymns. The erudite Western scholars, to whom we are grateful for explanations of many obsecure passages in the Vedas, have not sufficiently attempted to clear the sense of the hymns. Even Sayanacarya whose Commentary on the Vedas, is the only key left to us for the elucidation of the abstruse texts of the Vedas, is unfortunately silent on these controversial topics. After a careful survey of the Vedic and medical texts and zoological literature I have come to the comclusions which may be written as follows :—

1. Algandu
अलगण्डु
Avaskava
अवस्कव
Vyadhvara
व्याध्वर
} are the names of *Tinea Medinensis*.

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2. Saluna शलून	} is the *T. Solium* of the midiæval zoologists, and *T. Saginata* of the modern helminthologists.
3. Chaturaksa चतुरक्ष Visvarupa विश्वरुप Sarangamarjuna सारङ्गमर्ज्जुन Kusumbha (bladder) कुसुम्भ Sira (head) शिर	} are the descriptive terms of the bladder-worm of *T. Saginata* in the cattle.
4. Trisirsa त्रिशीर्ष Trikukuda त्रिकुकुद Sarangamarjuna शारङ्गमर्ज्जुन	} are the descriptitive terms of the worm *Ascaris lumbricoides* in children.

5. Transmission of worms from animals to man was well-known to the Vadic sages.

6. The modes of entrance of the worms into the human body are described to be through

(*a*) Wounds in the skin.
(*b*) Food-stuffs.
(*c*) Drink.

7. The habitat of the worms are described :—
(*a*) In the natural state as free worms, and
(*b*) In the state of parasitism in the intestines and muscles and internal organs.

8. The Vedic sages did not believe in the theory of Spontaneous Generations.

9. The treatment, in some cases at least, is scientific, as in the extraction of the *T. Midinensis* or Guinea worm.

Besides these points, I have traced the origin of the cult of cow, its development and final result. I have raised the question of the use of meat of cows as an article of diet. The reasons for the prohibition of the meat of cow, 'the forbidden food of the Hindus' are discussed. The question of cow-killing, so much liked by the

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Mahomedans, and so strongly resented by the Hindus, the cause of so much ill-feeling between the two communities, is explained, and the cult of the sacred cow traced to the Vedas. The Hindus have been reminded of the practice of cow-killing in Ancient India and the reasons of the Sastric injunction against its use have been shown to be based on hygienic and economic grounds. Lastly the result of the vedic teaching is shown by tis beneficial results :—the absence of the 'measly tape-worm', among the Hindus and the Mahomedans, and its prevalence among the Europeans who use pig's flesh or pork as an article of food ; the comparative absence of the ' Beef-Tapeworm ', *T. Saginata* among the Hindus, and its presence among the Mahomedans and the Christians who eat beef. The prophylaxis consists in discarding the use of flesh of animals, for it seems that these tape-worms resist death even when boiled. The writer ventures to suggest that if these scientific facts be explained to the public, the Hindus would learn that cow-killing was stopped in India on hygienic and economic grounds, and the Mussalmans who abhor pigs as unclean would learn that beef if used as food is by no means free from danger.

The limitation in the scope of this paper must be made clear at the outset. By " Parasitism " we mean the residence, permanent (*Permanent or Stationary Parasite*) or temporary, (*Occasional or Temporary Parasite*) of living organisms within or upon another living organism for the purpose of procuring shelter and food. A plant or animal which merely inhabits the body of an organism is not necessarily a parasite. The term is only applicable to organism nourished at the expense of their host which is larger, stronger and more intelligent than itself. The resident organism is the *Parasite* and organism that supplies the nutritive material is called the *Host*. When the host is man the parasite is known as the *Human Parasite*. *True Parasites* nourish themselves on living material (blood, lymph, etc.) of their host ; *Saprophytic Parasites* obtain their food from dead material.

The animal parasites that infest the skin of man have been divided into three classes :—

I. *Stationary parasites* which live exclusively in the human skin ;—the Itch-mite (*Acaras* or *Sarcoptes scabei hominis*), *Pediculus* or common louse and the common flea (*Pulex irritans*). The stationary parasites may spend a given period of their life

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with their host (*Periodic Parasites*), as bots under the skin, or *Strongyloides stercoralis* in the human intestine, or may pass their entire, life-cycle as parasitic (*Parmanent Parasites*), as *Trichina.*

2. *Occasional or Temporary Parasites* These may exist either in (*a*) the sexually mature state, as the common bed-bug (*Acanthia* or *Cimex lectuarius*), the common flea (*Pulex irritans*), the leech (*Hirudo medicinalis*) and the bird-mite (*Darmanyssusa avium*) or

(*b*) in the larval form, such as *Cestodes* (*e.g Cysticercus cellulosæ* and *Echinococcus* or *Bladder-Worm*), *Trematodes* (*e.g.* the Liver-fluke, *Fasciola hepatica*), *Nematodes* (*e.g. Filaria medinensis*) and *Muscidæ* (*e.g., Musa domestica*).

3. *Accidental Parasites.*—The familiar example of this class of parasites is the Harvest-bug (*Leptus autumnalis*).

They live as parasites for a short time only for their food ; and as they feed upon the external parts of the body of the host, they are known as *Ecto-parasite* or *Epizoa* or *External-hangers-on.* The permanent parasites on the other hand, live on or in the body of their host not only for food, but also for living permanently ; they are known as *Endo-parasites,* or *Entozoa* or *Internal-hangers-on*, or *Internal boarders.*

So far we have considered examples of *Simple Parasitism.* But *Hyperparasitism* may occur, that is the parasites may live in or upon other parasites.

The man passes the stage of endo-parasite when in utero, of ecto-parasite during the period of lactation before he becomes an independent being.

The entozoa may pass one stage of their existence within the intestines of some animal, and another stage in a different organ of other animals. *Helminthology* deals with worms, especially the parasitic forms ; *Helminthiasis* denotes an infection with parasitic worms The *Helminthes or Intestinal worms* belong to a group of entozoa ; they do not belong to a systematic group but to a biological one. The *Cestoda, Trematoda, Acanthocephala* belong to the *Helmenthes.*

A parasite may require one (as pinworm, eelworm and hook-worm), or two hosts (as the large tape-worms) to complete its life-cycle. When there are two hosts, they are called as the *First or intermediate Host* for the larval stage, and the *Second, Definite* or *Final* or *Permanent Host* for the sexual stage.

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The parasites may belong to vegetable (*Phytoparasites*) or to animal kingdom (*Zooparasites*). The micrococci and the bacilli are vegetable parasites; we do not propose to consider here their beneficient and malignant functions in Nature. The number of animal parasites described by the modern helminthologists amount to nearly sixty. Beside these known parasites, there is a general belief among the scientific men that their number is very much underrated and a crowd of unknown parasites awaits discovery.

All the parasites are not malevolent. When the parasites use up food that is superfluous to their hosts and are thus benefitted, they cause neither injury nor confer bonefit to their hosts; such parasites are called *Messmates* or *Commensals*, as in the case of non-pathogenic *Entamæba coli* in men. The animals that live in common and confer certain benefits to one another are called *Mutualists* or *Symbionis*, *e.g*, the *Ricinidae* in the plumage of birds.

True Parasitism ressults in a benefit to the parasite, but an injury to the host as in the pathogenic *Entamaeba hystolytica*, or *Trichinæ*, or hookworms or tape-worms in the man.

When the parasites are confined to certain hosts they are called *Specific parasites*, *e.g*, *Tænea Solium* and *Tænea Saginata* in their adult stage. Their hosts are often related to one another or they belong to the same family, or order or class. In the case of *Tinea spiralis*, the hosts may belong to many orders. But a parasite, normal to one class of host may sometimes be found in unusual hosts; such parasites are called *Incidental Parasites*. The incidental parasites of man are called *Pseudo-parasites*, or *Pseudo-helminthes* or *Chance parasites*, *e.g*., *Fasciola hepatica* in man; it is a rare form of parasitism. Some free-living animals, by chance may live as parasites as the *Vinegar-eel* in the human bladder. Chance parasites may be artificially induced by introducing it in other animals (*Facaultative parasitism*), *e.g*., Leptodera. *Spurious parasites* are objects described by mistake by the scientific men or introduced intentionally or unintentionally by hysterical patients.

Most parasites infest the human body only in their *adult and sexually mature state* except *Tænea Solium* and *Tænea Spiralis*, which are parasitic in two stages and *Tænea Echinococcus*, which is only parasitic in its *larval or juvenile form*.

The skin and intestines are usually the parts most exposed to the assaults of the parasites; but no part of the body is sacred to

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them. The parasites may be stationary or confined to different hosts, or wander to various organs.

We shall consider two or three parasites which are common in India, which were known to the ancient civilised nations of the world, and which are referred to in unmistakable language in the *Atharva Veda*, but which have not as yet been indentified.

We shall not enter into the consideration of their morphology and life-history, as this can easily he learnt from any systematic work on Zoology, except so far as would be deemed necessary for the identification and proper elucidation, of the Vedic forms under notice. Of the parasites mentioned in the *Atharva Veda*, we confine ourselves to those described in the three hymns, namely,—

A. V., 11. 31.
A. V., 11. 32. } Charms against worms.
A. V., V. 23.

In or on man, a whole host of parasites find conditions suitable for their existence. The larger entozoa, visible to the naked eye belong to two phyla, *Platyhelminthes* or Flat worms and *Nemathelminthes* or Round worms; but the group *Acanthocephalia* (Thorn-headed worms) *Pentastomida* and *Hirudina* (Leeches) are also represented. Of the Flat worms two classes are found parasitic in man. First, *Cestoda* or Tape-worms, and Second, *Trematoda* or Flukes. Of the Round-worms only one class, *Nematoda* or Thread-worms, is at all common. The *Cestoda* are represented by two families, *Tænidæ* and *Dibothriocephalidae*. We shall consider the *Taenidae* only; practically we have to deal with two species only of the tape-worms as adult inhabitants of the human alimentary canal;—*Taenia Saginata*, or the beef tape-worm, the commonest and most widely distributed of the human tape-worms and the *Taenia Solium* or the pork tape-worm. In these hymns, the worms parasitic in man, children and ox are described.

The following short list may be permitted a place here, as it shows at a glance the relation of the intermediate and permanent hosts of the different kinds of parasites (Taenildae) and also the relation between the food of animals and their parasites :—

1. *Cysticercus fasciolaria* in the mouse is the larval form of *Tænia Cucumerina* in the cat.

2. *Cysticercus pisiformis* in the rabbit is the larval form of *Taenia serrata* in the dog.

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3. *Cysticercus tenuicollis* in sheep, oxen, etc., is the larval form of *Taenia marginata* in the dog.

4. *Cœnuris cerebralis* in sheep is the larval form of *Tænia cœnurus* in the dog.

5. *Cysticercus bovis* or the *bladder-worm in cattle* is the larval form of *Taenia medio-canellata* in man.

6. *Cysticercus cellulosae* in pigs is the larval form of *Taenia solium* in man.

7. *Echinococcus veterinorum* in sheep, cattle, pigs, etc, and in man is the larval form of *Tænia echinococcus* in dog.

TABLE I.

Non-sexual, Proscolex, or Bladder-worm stage.	*Adult, sexual or Tape-worm stage.*
1. *Cysticercus fasciolaria* in mouse.	1. *Taenia cucumerina* in cat.
2. *Cysticercus pisiformis* in rabbit.	2. *Taenia serrata* in dog.
3. *Cysticercus tenuicollis* in sheep, oxen, etc.	3. *Taenia marginata* in the dog.
4. *Cœnurus cerebralis* in sheep and goat.	4. *Taenia cœnurus* in dog.
5. *Cysticercus bovis* in cattle.	5. *Taenia saginata or mediocanellata* in man.
6. *Cysticercus cellulosae* in pigs.	6. *Taenia solium* in man.
7. *Echinococcus veterinorum* in sheep, cattle, pigs.	7. *Tinea echinococcus* in dog.
8. Free-swimming, later parasitic in the pike and trout, etc.	8. *Bothriocephalus latus* in man.

The cysticercus is the true bladder-worm. The cysticerci are divided into—

1. *Cysticercus* proper.—consisting of a bladder and one scolex.
2. *Cœnurus* „ „ „ and many scolices.
3. *Echinococcus* „ „ bladders or cysts in which multiple scolices are developed.

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The *Dracunculosis or Guinea-worm* infection is essentially an Old-world infection and is found in India, Persia, Turkeystan, Arabia, and part of Africa. In parts of Deccan, at certain seasons of the year about 5 per cent of the inhabitants are infected. The parasite is reported not only for man but also for cattle. The embryos escape through organs prolapsed through the terminal mouth and may move in clear water for six days, in muddy water or moist earth for three weeks. They resuscitate in water even when dried by the sun.

They develop in small crustaceans (intermediary host being fresh water cyclops) which are swallowed by man in drinking water; or the worm may enter through the skin. The male worm after copulation dies and the gravid female wanders from the intestines to the subcutaneous tissues. The old method of extraction is to pass a coil of the parasite through the cleft end of a small stick and to wind it out of the wound very slowly, making only one or two turns of the stick daily, otherwise the worm may break, embryos escape and produce septic infection which may carry off the patient. In some parts of India traction is made by tying bunch of grass or leaves to the protruding part, the patient then swims about in a tank or wade in a running stream. The water acts here a as natural uterine stimulant. If the coils of the parasite be felt in a bunch below the skin, the Indian physicians after cutting down, hook up a lop, and by gentle traction and kneeding, remove the worm entire at one sitting of an hour's duration.

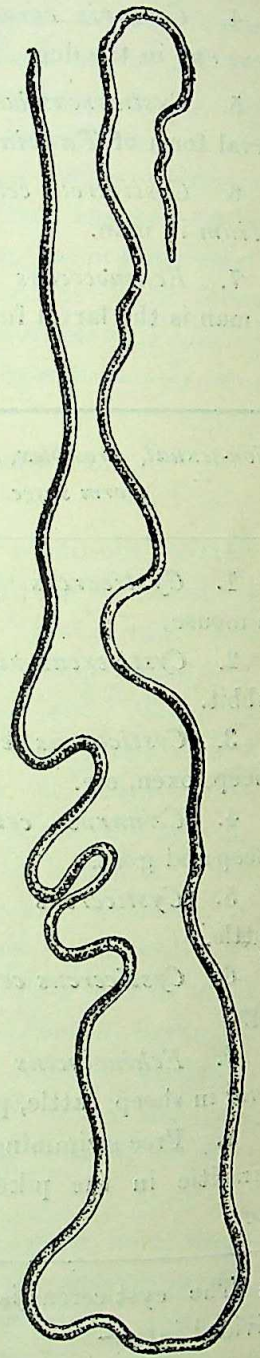

Fig 1.
Dracunculus Medinense (From Lenckart: natural side),

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TABLE II.

VERMES :

I. Platyhelminthes : Flat worms :

1. Tubellaria : Majority non-parasitic :
   - (1) Rhabdocaela
   - (2) Dendrocaela
     - (*a*) Monogonopora
       1. Planariadae.
     - (*b*) Digonopora.

2. Trematoda : all parasites, (i) internal : in the adult stage, in the enteric canal, the liver and the lung of the Vertaebrae.
   (ii) External : on the surface of the host.
   - (1) Distomae
     - (*a*) Monostromidae :
       1. M. Lentis : in the lens of the human eye.
     - (*b*) Distomidae
       1. D. Hepaticum : in sheep and man.
       2. D. Crassum : in the Chinese.
       3. D. Ophathalmobium : in the lens capsule of a 9 month's child.
       4. D. Heterophyes
       5. D. Haematobium.
   - (2) Polystemæ
     - (*a*) Polystomidae
     - (*b*) Gyrodactylidae

3. Cestoda : Internal parasites ; when adult, in the enteric canal of vertebrae.
   - (1) Taeniadae
     1. T. Solium
     2. T. Saginate.
     3. T. Serrata.
     4. T. Caenurus.
     5. T. Echinococcus.

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(2) Bothriocephalidae

(*a*) Bothriocephalas latus.

(*b*) Bothriocephalas cordatus

4. Nemertine : Non parasitic ; mostly marine.

II. Nemathelminthes : Round worms :

1. Nematoda (Thread worms)—

(*a*) Ascaridae (Round worm of man) :

1. Ascaris lumbricoides.
2. Ascaris ruystax.
3. Ascaris suilla (Round worm of pig.)
4. Oxyuris vemicularis.

(*b*) Strongylidae :

1. Dochmius duodenale.

(*c*) Trichotrachalidae :

1. Trichocephalas despar.
2. Trichina spiralis (a terrible parasite of man).

(*d*) Filariadae

Filaria,

Filaria Dracanculas or Medinensis.

Chaetognatha :

Sagitta.

2. Acanthocephale.

III. Annelida :

1. Chaetopoda,

(*a*) Polychaeta.

(*b*) Oligochaeta.

Lumbricida.

2. Gephraea.

3. Hirudinea (Leeches),

Hirudinea Medica (Medicinal leech).

IV. Rotatoria :

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TABLE III.

T. Saginata.	*T. Solium.*
1. More common and widely distributed, especially where ox is a domestic animal and where its flesh is used as food. Beef-measly tape-worm	1. Less common. Present where pig is a demestic animal and its flesh is used as food. Pork-measly tape-worm.
2. Size : largest, thick and fat.	2. Smaller.
3. Head : hookless pear-shaped head. No Rostellum 4 suckers.	3. Armed with hooks (rostellum) 4 suckers.
4. Proglottides : firm, 1200-1300 ; 16-20 m.m. x 12-14 m.m. Uterus : 29-35 lateral dichotomous branches.	4. 10-12 m.m. x 5-6 m.m ; 800—900-number. Uterus : 7-15 lateral dichotemous branches.
5. Intermediate host ; rare in man Cysticercus Bovis in ox (Larval stage) Caudal bladder : 4-8 m.	5. Cysticercosis : common in man (Brain, eye, heart) Cysticercus cellulosae in hogs ; also in apes, dogs, bears, rats and deers. Bladder : smaller 2-8 m.
6. Embryo : shelled, minute oval bodies with 6 hooks.	6. 6-hooked.
7. Longevity : Indefinite number of years.	7. 10-15 years.
8. Symptoms : anaemia marked.	8. Little anaemia.
9. Number : generally solitary ; ver solitaire.	9. 3 or 4 may be present ; often occur in groups.
10. Distribution in India : N. W. Provinces 5% of cattle.	10. Rare parasite : as pork is not commonly eaten.
11. Treatment : Difficult to cure.	11. Not so difficult to expel them.

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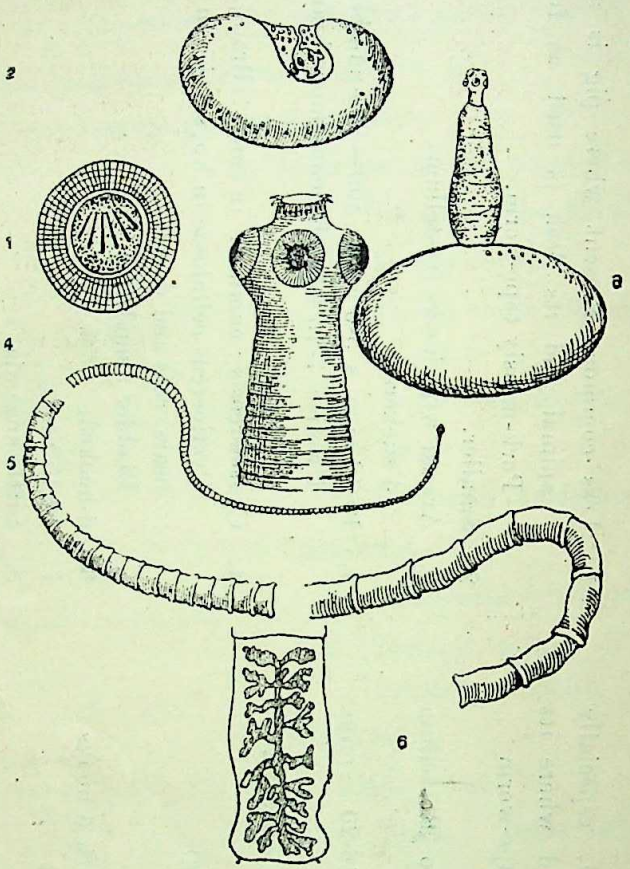

Life history of *Tænia Solium* :—

After Leuckart.

1. Six-hooked embryo in egg-case ;
2. Proscolex or bladder worm stage with invaginated head ;
3. Bladder worm with evaginated head ;
4. Enlarged head of adult, showing suckers and hooks ;
5. General view of the tape-worm from small head and then neck to the ripe joints ;
6. A ripe joint or proglotis with branched uterus ; all other organs are now lost. (Thomson. – *Outlines of Zoology*, 7th Ed. P. 193).

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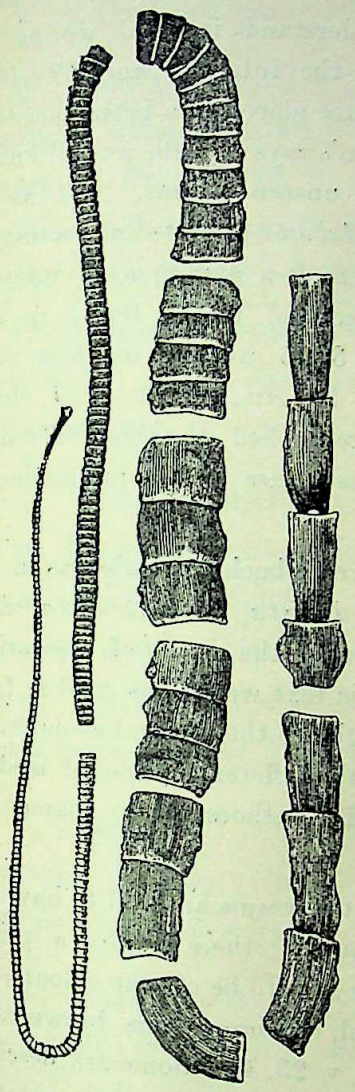

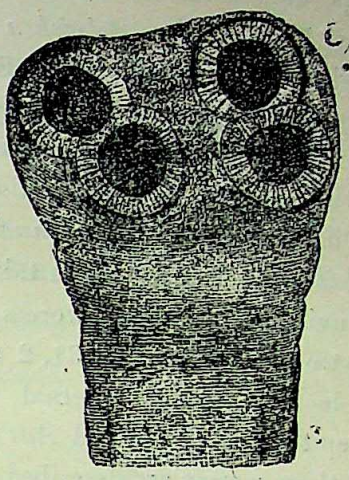

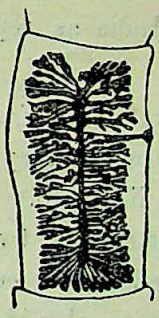

1. Fragments of a *Taenia Saginata.* (from Leuckart : natural size.)
2. Head of *Taenia Saginata* retracted.
3. Segment of *Taenia Saginata.*

The rule played by the worms in the causation of diseases was well known to the ancient Hindus. We have attempted to trace the knowledge from the *Atharva Veda* to the ancient medical texts, and thence to the modern compilations. The worms are classified into two main divisions, *viz.*, *Drishta* and *Adrishta*. These terms may be translated either as Seen and Unseen or External and internal, respectively. *Adrishta* is a term used in *Rv.*, i, 19 i, 191. 4; *Av.*, vi. 52, 2 for a vermin. The Sun is the slayer of the *Adrishta*

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THE JOURNAL OF AYURVEDA

Edited by

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and

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worms and therefore called *Adrishta-han* in *Rv.*, i. 191, 9 and *Av.* vi 52 1. If by *Adrishta* we understand internal worms, it is difficult to explain how does Sun kill the internal worms? But if we accept its other meaning, we are placed in a better position to explain the germicide action of sun's rays which, we all know, kill the minute germs of diseases or unseen worms. But as in *Av.*, ii, 31, 2, *Kururu*, *Algandu* and *Saluna* are cited as examples of *Adrishta*, it is better to take the term as a synonym of internal or invisible, as these worms are described to be found in the intestines. In *Av.*, ii, 31, 2 and viii, 8, 15 we find mention of a visible or seen or external worm. In *Av.*, v. 23, 6, 7, both the epithets *Drishta* and *Adrishta* are applied to worms (*Krimi*). and these worms are described to act as cause in the production of diseases.

The worms described in the Ayurvedic books, are also, as in the *Av.*, grouqed under two classes: *Drista* and *Adrista*, *i. e.*, external and internal. I have collected the names of the various worms in Table IV. from the Ayurvedic text writers as well as from compilers. This table will show at a glance the gradual evolution of the knowledge in Helminthology in the different epochs of medical science in India as represented by the authors whose names are quoted.

Physical description: Some of the worms are said to have two horns with which they deliver their thursts; there is also a poison-bag (*Av.*, ii, 32, 6). Two worms are said to be of like colours, two of different colours, two black, two red, one brown, one brown eared, one vulture-like, one cuckoo-like (*Av.*, v 23, 4). Some are described to have white shoulders, the black ones with white arms, others are variegated and some are four-eyed.

Mention is made of the male and female worms who give birth to similar worms. The young ones are advised to be wound round, from right to left upon a black-spotted arrow and then smashed.

The different kinds of worms as noted in the Vedic literature are:

1. *Kita*: It is the generic term of the species of worms mentioned in *Av.* ix, 4, 16 and in the Upanishads (*Vrihadaranyaka Upanishada* vi, 1, 19; 2, 14; *Chandogya Upanishada* vi, 9, 3,; 10, 2; vii. 2, 1; 7, 1; *Kausitaki Upanishada* i, 2 etc. Compare Zimmer, *Alt. Leben*, 98.

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2. *Kururu*; A species of worm. mentioned in *Av.*, ii, 31, 2; ix, 2, 22. Comare Zimmer Alt. Leben. 98.

3. *Durnaman*; *Lit.*—"of evil name". It is the name of a species of worm described to be the cause of disease. The term occurs in *Rv.*, x, 162, 2; and *Av.*, (ii, 25, 2; viii, 6, 1; xvi, 6, 7; xix, 36, 1; *Durnamani* iv, 17, 5; xix, 36, 6. The *Nirukta* understands by the term a worm (vi, 12). There was a wide-spread belief in disease-causing worms. See Bloomfield, Av., 61; *Hymns of Av.*. 314, 351). In the *Sushruta Samhita* (i, 177, 10) the word means "Haemorrhoids".

4. *Vyadhvara*: It is derived from the root वि + अध्वन or वि + ध + ध्वर (हिंसा). It means "Perforating" and as such it is the name of a worm mentioned in *Av.*, ii, 31. 4. The term is applied to *Masakas* or Mosquito in the *Hiranyakshi Grihyasutra* (ii, 16, 3) and *Av.*, vi, 50, 3. Here we find a reference to the function of the mosquito in the propagation of diseases.

5. *Saluna*. The term is used for a worm in *Av.*, ii, 31. 2. (Compare Whitney, *Av*, 73; Bloomfield, *Hymns of Av.*, ii, 315 Zimmer *Alt. Leben* 98).

6 *Savarta*; It occurs as the name of a species of worm (in the *Av.*, ix, 4, 16) to whom are assigned the bowel contents of the bull, and in the *Taittiriya Sambita* v, 7, 23, 1. Compare Zimmer, *Alt. Leben* 98. "The contents of his (bull's) bowels they maintained for the worms, the *Savartas* or *Savavartas*, *Av.* ix, 4, 16.

7. *Algandu* or *Alandu*: The term occurs as the name of a species of worm mentioned in *Av.*, ii, 31, 2; Compare Bloomfield *Av.*, 31, 5.

8. *Avaskava*: Sayanacharya derives it from अवाङ्गमनस्वभाव (Sayana). It is the worm which manifests a tendency to move downwards Whitney derives it from the root '*sku*' to tear.

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TABLE IV

Atharvaveda.	*Charaka.*	*Harita.*	*Susruta.*
Two classes :	Two classes :	Two classes :	Three classes :
I. *External*	I. *External*	I. *External* : Jukas	I. *Faecal* :
II. *Internal*	a. Yuka	a. Yuka	a. Ajava
1. Kurura or Kurira	b. Pipilika	b. Krisna	b Vijava
2. Algandu or Alagandu	II. *Internal* :	c. Sveta	c. Kipua
3. Saluna or Salgan	A. *Faecal* :	d. Charmanukika	d. Chipya
4. Saluhan Avaskava	a. Kakeruka	e Vinduki	e. Gandupada
5. Vyadhvara	b. Makeruka	f. Matkuna	f. Churu.
6. Chaturaksa	c. Leliha	g. Yastika	g. Dvimukha
7. Yavasa	d. Saluvaka or Sasulaka	II. *Internal* : Kinchulakas.	II. *Kaphaja* : Gandupadas :
8. Kaskasa	e Sausurada	a. Prithumunda	a Darbhapushpa
9. Ejatka	B. *Kaphaja* :	b. Kinchalaka	b. Mahapushpa
10. Sipivitnuka	a. Antrada	c. Dhyanyankura	c. Pratuna
11. Nadanimota	b. Udarada	d. Sukshmastavanava	d. Chipita
12. Eye worms	c. Hridayada	e. Suchimukha	e. Pipilika
13. Nose worms	d. Mahaguda		f. Daruna
14. Tooth worms	e. Churu		III. *Sonitaja* :
15. Svarupa	f. Darbhapushpa		a. Kesada
16. Virupa	g. Sougandhika		b Romada
17. Krisna	C. *In the blood, Raktaja* :		c. Nakhada
18. Rohita	a. Kesadi		d. Dantada
19. Vabhru	b. Lomada		e. Kikkisa
20. Vabhrukarna	c Lomadvipa		f. Kusthaja
21. Gridhra	d. Saurasa		
22. Kanka	e. Jantumata		
23. Sitikaksa	f. Audumvara		
24. Krisna sitivahuka			
25. Visvarupa			
26. Trisirsa			
27. Trikukuda			
28. Sarangama			
29. Arjuna			
30. Kshullaka			

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Bagbhata.	*Madhava*	*Chakradatta*	*Bhavamisra.*
Two classes :	Two classes :		Two classes :
I *External* :	I *External* :		I. *External* :
a. Yuka	a. Yuka		a. Yuka
b Likhya	b. Likhya		b. Likhya
II. Internal :	II. *Internal* :		II. *Internal* :
A. *Intestinal, Fæcal* :	*A. Faecal* :		A. *Faecal* :
a. Kakeruka	a. Kakeruka		a. Kakeruka
b Makeruka	b. Makeruka		b. Makeruka
c. Sausurada	c. Sausurada		c. Sausurada
d. Sasuna—Saluna	d. Sasuna or Sasulakhya		d. Sasuna or Sasulakhya
e. Leliha	e. Leliha		e. Leliha
B *Kaphaja* (stomach) :	B. *Kaphaja* :		B. *Kaphaja* :
a. Antrada	a. Antrada		a. Antrada
b. Udaraveshta	b. Udaravesta		b. Udaravesta
c Hridayada	c. Hridayada		c. Hridayada
d Mahakuha	d. Mahaguda		d. Mahaguda
e. Kurava	e. Churu		e Churu
f. Darbhakusuma	f. Darbhakusuma		f. Darbhakusuma
g Sugandha	g. Sugandha		g. Sugandha
C. *Sonitaja* (Blood) :	C. *Sonitaja* Blood) :		C. *Sonitaja* (Blood)
a. Kesada	a. Kesada		a. Kesada
b Romavidhvamsah	b Romavidhvamsah		b. Romavidhvamsah
c. Romadvipa	c. Romadvipa		c. Romadvipa
d Saurasa	d Udumvara		d. Udumvara
e. Matri	e. Saurasa		e. Saurasa
	f. Matri		f. Matri

The same as in Madhava's *Nidana.*

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Habitat; Worms are said to occur in the bodies of cattle *Av.*, ii, 32, 1', childern (v. 23) and in the adult men (ii, 31). The worms live in the entrails, in the head and the ribs (? heel) (*Av* ii, 31, 4'. Some worms are said to move in the eyes and nose and some lodge themselves in the middle of the teeth. (Compare with the present day-belief in the presence of worms in the teeth and their extraction by the Santal women).

The worms are said to live in mountains, forests, plants, the bodies of cattle, and in the water.

TABLE V.

ANIMAL PARASITES.

Mouth.	*Small Intestines.*	*Large Intestines.*
Larvae	Coccidia	Monadines
	Cercomonas	Coccidia
	Tænia Solium	Oxyuris Vermicularis
	Tænia Saginate	Larvæ of Insects.
	Bothriocephalus latus	
	Distoma hepatica	
	D. lanceolatus	
	Ascaris lumbricoides	
	Achylostoma dudanale	
	Tric ocephalus dispar	
	Trichina spiralis	

Treatment: The treatment consists of practices mentioned in the three hymns; *Av.*, ii, 31 and 32, and v, 23. There are other charms as in the *Taittiriya Aranyaka*, iv, 46; *Apastambha Srautasutra* xv, 19, 5; *Gobbila Grihyasutra*, iv, 9, 19; *Mantra Brahmana* of the *Sama Veda* ii, 7; *Maitrani Samhita* iv, 14, 11; *Vaiseniya Samhita* xxiv, 30; and *Rigveda* 1. 191.

The knowledge possessed by the ancient Hindus as regards the worms was not unique. The intestinal canal is the habitat of the majority of animal parasites found in man. The intestinal worms had been known from very early times. Hippocrates mentions the tape-worm and Aristotle described in addition the round worm and the common seat worm. The Arab physicians and their successors made investigations on the T. Solium.

The most celebrated of the ancient savants belived in the doctrine of spontaneous generation until Pallas taught that the worms sprang

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from simplest parents and were propagated by eggs which were transmitted from one host to another (1781). The doctrine that entozoa during their reproduction undergo a metamorphosis and a migration was next established. Steenstrup discovered the alternation of generation in 1842 and the life-history of the worms was understood. Goze distinguished T. Solium from the T. Saginata. Kuchenmiester in 1852 advanced our knowledge of the tape-worms.

The tape-worm is a polyzootic animal. But the presence of the nurse or head stood in the way of the general acceptance of the fact. Some regarded the head as the root of the plant-like animal, and even in our own days the popular conception holds sway over the scientific men who still persist in regarding it as a simple animal.

(*To be continued.*)

HERE and THERE.

We have published elsewhere a report of the Kottapatam L. F. A. Ayurvedic Dispensary. The present Dispensary, which is only two years old, has been doing the work hitherto done by an Allopathic one of 40 years' standing but now abolished.

The report is quite encouraging although the physician-in-charge has to face great difficulties in reconciling his patiernts to Ayurvedic system of medicine as the latter have been habituated, so to say, only to foreign medicine for as many as 40 years. The result has been that in cases of obdurate patients the physician has to take recourse occasionally to Allopathic medicines, trying all the while to convert them to Indigenous system and it is gratifying to note that he succeeds in doing so in 8 cases out of 10.

We wish the Dispensary long life and prosperity.

There is also published in this issue the 10th Annual Report of the working of the Homœopathic Charitable Dispensary, Fort, Bombay.

The Report is quite encouraging as it clearly shows the gradual increase of patients treated by the Dispensary irrespective of caste or creed. We heartily congratulate the Medical officer in-charge for this humanitarian work.

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MEDICAL PROFESSION IN ANCIENT INDIA.

BY

BHISHAGWARA V. SUBBARAO,

Associate of the Madras Ayurvedic College.

(*Continued from our last issue.*)

Injunctions to the students of Medicine:—

One should always tell the truth.

" not harbour envy.

There should be nothing which one should not do at the professor's command except acts hostile to the king or acts that may lead to another person's death or acts that are heinous crimes or acts productive of great harm.

One should regard the professor as the foremost of all persons,

" always hold himself in subjection to the professor,

" behave as a son, as a slave, as a suppliant, towards his professor, while living with him.

" be free from impatience.

" always be attentive.

" not murmur at or find fault with the *Guru*.

" do everything with his permission.

If one desires to achieve success in treatment, earn wealth, acquire celebrity and win Heaven hereafter—

One should respect kine and the Brahmins above all and always seek, whether sitting or standing, the good of all living creatures.

" with his whole heart strive to bring about the cure of those that are ill.

" drain those that are sick even for the sake of one's life.

" not even in imagination know another man's wife.

" not similarly appropriate other people's possessions.

" always clad himself with homely attire.

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One should not keep connection with sinful men or abettors of sinful behaviour.

" speak words that are soft, unstained by obscenity, fraught with righteousness, incapable of giving pain to others, worthy of praise, truthful, beneficial and properly weighed.

" act heedfully and always strive to acquire knowledge, to cast off sloth, to keep ready the implements and medicines one requires.

" never administer medicines unto those that have incurred the displeasures of the king or the great, or to those that are ill-disposed towards them.

One should not administer medicines to those that are exceedingly perverse or are of wicked disposition or to those that are exceedingly poor, those that never vindicate their character when it is aspersed, those that are on the point of death, those that have not their masters near them, and to those that have not their husbands or guardians near them.

While practising, one should not accept the gift of fish and meat made by a woman without the knowledge of her lord or other guardian.

While entering the family dwelling house of the patient, one should do it with notice to the inmates and with their permission. At such time one should be accompanied by some male members of the family.

One should cover one's person properly.

One should keep his face downwards while entering, with one's wits above them. One should with understanding and mind, properly fixed, observe all things. Duly conducting in this way one should enter.

One should not devote one's words, mind, understanding and the senses to anything else than what is calculated to do good to the patient or to any other object connected with the patient.

One should never give out to others the practices of the patient's house.

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One should not speak of the diminution of the period of life even if one is certain of it, when such speaking may shock the patient and any relation of his.

One should not boast of knowledge even if he possesses it, for many people become annoyed even by an inspired person if he boasts. (Charaka, Vimana, Ch. VIII.)

From the above we can judge that inspite of medical education to the medicoes of olden times, they used to give moral education which we cannot dream of in the present day institutions. After considering the main principles of the medical education let us see what are the qualities and qualifications of a physician as given in the Rigveda :—

यदोषधिः सप्रस्मत राजानः समितामिव ।
विप्रः स ऊयतेभिषरचोहाऽमीवचतनः ॥ ऋ १०।८७ ॥

"A physician is that learned man under whose flag muster together all the medicines to fight out battles against disease, like all क्षत्रियऽ or warriors under their commander on a battle-field. He also kills bacteria, destroys the root of the disease and consequently removes completely the malady itself." From this, it is alearly manifested that the following are the qualifications of of a physician :—

1. विप्रः (विशेषेण प्रज्ञः)—The physician must be learned, wise and thoroughly conversant with the medical science.

2. ओषधी-संग्राहकः also ओषधी-योजकः He must store all kinds of medicines and should administer them with discretion.

3. रचो-हा (रक्षसां हन्ता) He ought to make thorough and careful examination of the bacteria and then kill them.

4. अमीव-चतन (अमीवः—रोगाः तनू चतयति दूरी करोति)—He roots out the particular disease by an appropriate application of a proper medicine.

Thus a physician is properly called or deserves the name of a true physician when he possesses the following four attributes :—

(1) Complete mastery over the science, (2) Exhaustive collection of all kinds of medicines, (3) Ability to cure the

---

A physician should abjure the company of women, nor should he speak in private to them or joke with them. A physician is forbidden to take anything but cooked rice from the hands of a woman.

(Sushruta, Sutra, Ch. X.)

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disease and (4) consequently ability to remove the very root of the malady.

Their opinions respecting the character of a physician were given many years ago in Sir W. Ainslie's Meteria Medica of India, where we are told "He must be a person of strict veracity and of the greatest sobriety and decorum; he ought to be thoroughly skilled on all the Commentaries of Ayurveda, and be otherwise a man of sense and benevolence. His heart must be charitable, his temper calm and his study how to do good. Such a man is properly called a good physician, and such a physician ought still daily to improve his mind by attentive perusal of scientific books. When a sick person expresses himself peevishly or hastily a good physician is not thereby provoked to impatience; he is mild yet courageous and cherishes a cheerful hope of being able to save his patient's life; he is frank, communicative, impartial and liberal; yet ever rigid in exacting an adherence to whatever regimen or rules he may think it neceessary to enjoin. Should death come upon us, under the care of a person of this description it can only be considered as inscrutable fate and not the consequence of presumptuous ignorance". That the native practitioners have in some measure been benefited by these instructions, we have the satisfaction to learn from a native authority in the Asiatic researches. If the picture be a true one, I fear they would put some of their European brethren to shade as it is stated "that all the tracts on medicine must indeed be studied by the Baidyas (Doctors) and they have often more learning and far less pride than any of the Brahmins. They are usually poets, grammarians, rhetoricians, and moralists and may in fact, be esteemed the most virtuous and amiable of the Hindoos".

(*Noylie's Antiquity of Hindu Medicine, pages 51 & 52.*)

Different kinds of physicians as given by Dr. Surendra Goswami, B.A., L.M.S., in his introduction to Bhishagratna's Sushruta-Sanhita:—"Vedic India like ancient Egypt, recognised the principles of the division of labour among the followers of healing art. There were Shalya Vaidyas (Surgeons), Bhishakas (Physicians) and Bhishag Atharvans (Majic doctors) and we find that at the time of Mahabharata, which neary approaches the age of our author (Sushruta), the number of the sects had increased to five which were named as Rogharas (Physicians), Shalyaharas (Surgeons), Vishaharas (Poison curers), Krityaharas

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(Demon doctors) and Bhishag atharvans (Majic doctors). In the Vedic age (before Sushruta) physicians had to go out into the open streets, calling out for patients. They lived in houses surrounded by gardens of medicinal herbs. The Rigveda mentions the names of 1001 medicinal drugs. Verses eulogising the virtues of water as an all-healer, and of certain trees and drugs as purifiers of the atmosphere are not uncommon in the Vedas. Indeed the rudiments of Embryology, Midwifery, Child management and Sanitation were formulated in the age of the Vedas.

Charaka in his sutrasthana Ch. XI mentions three kinds of physicians namely :—

1. भिषग्वेषचरा :—Hypocrites or quacks dressed as physician.
2. सिद्धसाधिता :—Physicians by common report.
3. वैद्यगुणसंपन्ना :—Qulified physicians.

1. The physicians are said to be hypocrites and quacks in the guise of physicians who having equipped themselves with the utensils, the medicines, the books, and the titles and having assumed their manners and conduct, acquire the title of physicians.

2. Those are said to be physicians by report who without really possessing the required qualities, pretend to prosperity, fame, knowledge, and success such as true physicians have and acquire the title of physicians.

3. The true physicians are those that have a practical knowledge of the application of drugs and acquaintance with the medical scriptures, and the affairs of men, that are celebrated for their success in treatment, that contribute to the real happiness of their patients, and that are restorers of life and strength.

Making 1 and 2 as one, there are two kinds of physicians :—

1. Those that follow the life-breaths by destroying deseases.
2. Those that follow diseases by destroying life.

1. (वैद्यवृत्ति चतुर्विधा)

(क) Friendliness towards the patient.
(ख) Compassion towards them.
(ग) Enthusiasm in respect of such diseases as are curative.
(घ) Unwillingness to such as are on the point of death.

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(वैद्यगुणचतुष्टयं)

(*a*) A thorough mastery over the scriptures.
(*b*) Large experience of results.
(*c*) Skilfulness.
(*d*) Purity of both mind and body.

(प्राणदात)

(*a*) Knowledge of the science,
(*b*) Proper use of the knowledge.
(*c*) Skilfulness and readiness of hand.
(*d*) Practical knowledge.

(राजार्हौ भिषजः)

(1) Causes of disease.
(2) Symptoms of disease.
(3) Prophylactic treatment.
(4) Radical treatment.

The physician who possesses these six qualifications can accomplish everything :—

a. Entire mastery over the subject.
b. The faculty of reasoning and drawing inferences.
c. Conversance with other branches of knowledge.
d. Memory.
e. An effort for curing diseases.
f. Repeated experience of treatment.

Any of these would explain the etymology of the word *Vaidya* :—

(*a*) Knowledge.
(*b*) Good understanding.
(*c*) Ambition towards medical practice.
(*d*) Faculty acquired by practice.
(*e*) Skilfulness in treatment.
(*f*) Connection with good physicians.

He who possesses these auspicious qualifications deserves the designation of Vaidya (doctor) and such a person is really the giver of both life and happiness. The Scriptures are as light for discovering objects, his own understanding is like the eye ; so the physicians by understanding to treat the disease after having equipped himself with these two, incurs no blame.

(Charaka, Sutra, Ch. IX.)

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"A physician having thoroughly studied the science of medicine and fully pondered on and verified the truths he has assimilated both by observation and practice and having attained to that stage of knowledge, which would enable him to make a clear exposition of the science, should open his medical career with the permission of the king. He should be cleanly in his habits and well shaved, and should not allow his nails to grow ; he should wear white garments, put on a pair of shoes, carry a stick and an umbrella in his hands and walk about with a mild and benignant look as a friend of all created beings."

(Sushruta, Sutra, Ch. X.)

Even now the description of *Sadvaidyas* has been given ; now I will give the descriptions and qualities of *Kuvaidyas.*

परमात्मा ,हतोयेन नचिकित्सा प्रवर्तिता

Even death is preferable to treatment made by an ignorant and incompetent person.

It is better to drink the poison of the snake or the solution of copper, or swallow red-hot balls of iron, than assume the garb of a learned man and take food and drink and money from one affected with disease and soliciting relief.

An intelligent man, who desires life and health, should not take a medicine prescribed by a physician unskilled in applying medicines. The thunderbolt of a Vasava, falling upon the head may leave a hope of life, but a medicine prescribed by an ignorant person will not leave a hope of life. A person by even conversing with that conceited man, who administers medicine without knowing its knowledge, to a suffering bed-ridden and trustful patient and who on that account is regarded irreligious, sinful and wicked souled wight and like destroyer himself falls into the hell.

(Charaka, Sutra, Ch. I.)

पेणिचाराद्यवाचक्षुः अज्ञानाध्मोति मीतवत् ।
नौमारुतवसावाज्ञो भिषक्षरतिकर्मसु ॥

An ignorant physician proceeds in the treatment of disease like a boat tossed by the wind or like a blind man who having no knowledge of the ground over which he walks gropes fearfully along, always stretching out his arms.

यदुच्चया समापन्नमुत्तार्यनियतयुवं ।
भिषग्मानीनिहन्तशु शतान्य नियतायुषां ॥

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An ignorant physician who succeeds in curing by chance a person afflicted with disease and having his allotted period of existence still unexhausted, and who regards himself on that account as one well conversant with the treatment of disease very soon slays hundreds of persons the allotted periods of whose existence have run out.

"Those men wearing the robes of physicians are the thorns of the world. Behaving after the manner of those whom they imitate those persons through the heedlessness of the kings move about in all countries. This is their especial indication viz. clad in the robes of physicians and indulging in self-praises, they walk along the public streets in expectation of calls. When they hear of anybody's illness, they run towards his neighbourhood, and in the hearing of that person's friends loudly proclaim their own skill and accomplishment as physician. Those men frequently proclaim the shortcomings of the person whose treatment they take up. They wish to win over the friends of the ailing person by doing what would gladden them, by stories and conversation and various small services. They proclaim their own disposition to be pleased with a very little remuneration. Obtaining a case for treatment they constantly keep their eye on all things, desirous of concealing their ignorance by dexterity. Unable to alleviate the disease they accuse the patient as unequipped with desirable necessaries, as disposed to transgress the directions of the physician, and as having no control over his inclinations. Beholding that the last stage has come they fly away leaving the patient's presence and repairing to some other place. Happening to be present in assemblies of ignorant or common men they proclaim their own skill in treating disease betraying their ignorance the while. Manifesting their ignorance they censure the knowledge and wisdom of physicians that are truly wise. Beholding an assemblage of learned and wise men they avoid it from a distance, like travellers avoiding a wilderness where there is cause of fear. They do not desire to consult any one nor do they desire to be consulted by any one. They fear any one who wishes to consult them as one fears death itself. No one knows who their preceptor is or who their disciple.

"Those men who wearing the garb of physicians seek to gratify afflicted persons like fowlers seeking to capture birds in the woods by having recourse to their net or springes—those men who are uneducated with Scriptures, experience, curative

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operations, time, measure and place should be avoided ; they walk on the earth like the messengers of death. A wise patient should always avoid those foolish men with a show of learning who, for earning wealth pretend to the honour of being physicians. They are like snakes subsisting on air."

(Charaka, Sutra, Ch. XXIX.)

सन्ति पाक्कविकोतपाताः संक्षोभंजनयंन्तोये ।
वर्तकानामिवोतपाताः सहसैवाविभाविताः ॥
शब्दमात्रपतन्त्रस्य केवलस्येकदेसिकाः ।
भ्रमंत्यल्पवलास्तंन्त्रे ज्यशब्दे नैववर्तकाः ॥

(Charaka. Sutra, Ch. XXX.)

There are such things as real calamities caused by persons practising the physician's calling with a very little knowledge of the medical science. They cause alarm as real as countless fights of little birds when they are on the wing.

Those that are weak in the medical science and not masters of it, as soon as they hear the sound of this science fly away like little birds at the twang of the bow-string.

पशुःपशुनां दौर्वलयत् करयिन्मद्यं व्रुकायते ।
ससत्वं व्रुकमासाद्य प्रकृतिं भजते पशुः ॥
तद्वदज्ञोज्ञः मध्यस्तः करयिन्मोखर्थसाधनं ।
स्थपयतपत्र मात्मानमाप्तत्वा सद्यभिधते ॥
वभ्रुमूद इवोर्णभिखद्दिखद्द श्रुतः ॥
किं वैवक्ष्यति संजल्पे कुन्दभेदि गहोयधा ॥

(Charaka, Sutra, Ch. XXX.)

In consequence of the general weakness of a herd of animals some animal comes to be regarded as a wolf. Such an animal, however, encountering a wolf possessed of strength assumes the real nature. Similarly, an individual really ignorant though boastful in words, establishes a reputation of his own learning in the midst of only those that are ignorant. Encountering however a man of little learning or wisdom such a one's disguise is penetrated.

One having little intelligence and little learning, resembles an old mongoose concealed in a heap of wool. What can such a

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person say in consultation even as a person in whose birth there is a stain :—

असत्पक्षा क्षणित्वद्दि दंवपारूषय सधना: ।
भवेत्य नाप्तस्वेतन्त्रे प्राय: परिविकत्धका: ॥

Those men who have adopted the side of error, or who postpone answers to enquiries by alleging their inopportuneness or their own illness, or who are boastful and insolent in speech and disposed to speak ill of others, never succeed in obtaining a mastery of their science.

दंभिनोमुखराध्यक्षा: प्रयुता वद्धभाषिण: ।
प्राय: प्रायेण सुमुखा: संतायुक्ताल्पभाषिण: ॥

Those that are insolent, talkative and ignorant, indulge in copious twaddle ; those on the other hand, that are sweet-speeched and good, very generally speak little and that little is always to the purpose.

All misery that comes upon us is due to ignorance. All happiness is established on clear knowledge.

The patient also must consider the physician equal to God.

शरीरे जञ्जरी भुते व्यधिग्रस्त कववरे ।
औषधं जाह्नवी तोयं वद्योनारायणो हरि: ॥

(To be continued.)

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SYPHILIS IN AYURVEDA

BY

DR. RADHA KRISHNA, B. Sc., M. B. B. S.,

Principal, Ayurvedic College, Gurukul-Kangri University, Hardwar.

(Continued from our last issue.)

II. PHIRANGA ROGA OR SYPHILIS.

Causes—Chief points according to Bhava Misra are :—

1. It is a contagious disease, contagion being the primary cause and it is only afterwards that the Doshas are disturbed as a result of the contagion.

2. The disease is contracted by sexual intercourse with Phirangis, *i.e.*, those who are already suffering from the disease, and who in the beginning of the epidemic in the 16th century were Phirangis or European men or women.

गन्धरोग: फिरंगोऽयं जायते देहिनां ध्रुवम् ।
फिरङ्गिऽङ्गसंसर्गात्फिरङ्गिण्या: प्रसङ्गत: ॥
व्याधिरागन्तुगो ह्येष: दोषाणमव संक्रम: ।
भवेत्तच्चयेदेषां लक्षणैर्भिषजां वर: ॥

Symptoms.

Chief points are :—

1. The disease has three froms—

(*i*) External
(*ii*) Internal, and
(*iii*) Combined (external as well as internal).

2. The external form is just like an ulcer (विस्फोट), in which there is a little pain and which bursts like an ulcer. With proper treatment, it is easily curable.

3. The internal form usally affects the joints like rheumatism (आमवात) The joints are painful and swollen. It is cured with difficulty.

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4. In the combined form there are both ulcers and swollen joints.

5. In addition to these, there are also symptoms of one or more Doshas being disturbed. The Doshas usually exaggerate or modify the real symptoms of the disease.

फिरङ्गस्त्रिविधो ज्ञेयो वाह्य आभ्यन्तरस्तथा।
वहिरन्तर्भवश्चापि तेषां लिंगानि च ब्रुवे॥
तत्र वाह्यः फिरङ्गःस्यादिस्फोट सदृशोऽल्परुक्।
स्फुटितो व्रणवद्घोरः सुखसाध्योऽपि स स्मृतः॥
सन्धिष्वाभ्यन्तरः स स्यादामवात इव व्यथाम।
शोथञ्च जनयेद्घोर कष्टसाध्यो बुधैः स्मृतः॥

6. Ultimately the patient becomes weak and emaciated. The bridge of his nose sinks. There is loss of appetite, and dryness and weakness of bones by which the bones become deformed).

कार्श्यं बलक्षयो नासाभंगो वह्निमान्द्यता।
अस्थिशोषोऽस्थिवक्रत्वं फिरङ्गोपद्रवा अमी॥

—*Bhavaprokash.*

Prognosis.

1. The external form of the disease is easily curable, especially when the treatment is begun soon, before any complications have arisen.

2. The internal form is cured with difficulty.

3. When the complications have begun, and the patient has become very much exhausted and emaciated, the case is incurable,

वहिर्भवो भवेत्साध्यो नवीनो निरुपद्रवः।
आभ्यन्तरस्तु कष्टेन साध्यः स्यादयमामयः॥
वहिरन्तर्भवोजीर्णो क्षीणस्योपद्रवैर्युतः।
व्याप्तो व्याधिरसाध्योऽयमित्याहुर्मुनयःपुरा॥

—*Bhavaprokash.*

Treatment.

1. Local treatment for the chancre is the same as for upadansha.

2. General treatment may be one of the following :—

(*a*) Mercury administration either as Karpura-ras or as Sapatshaliwati.

(*i*) Karpura-ras – Make a paste of wheat flour with water. Take some of it and press with a finger in such a way that a

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depression is produced in the paste. Put a grain and a half of mercury in this depression and roll the paste to make a pill. No mercury should escape from the depression. Now coat this pill by clove-powder and swallow the pill carefully with water, so that it does not come in contact with the teeth. Later chew a betel leaf. Avoid acids and salts, also fatigue, exposure to the sun, exertion and coition.

(*ii*) Supatshaliwati—Take 48 grains of mercury, Katha (Pulv. Catechu) 48 grains, Akarkora 96 grains, and honey 144 grains. Grind them all together with a pestle and mortar and divide into 7 pills. Take one pill every morning with water. Avoid acids and salts.

(*b*) Mercury Fumigation or धूमयोग—Mercury, Sulphur and rice, each 192 grains, are pounded together and made into a paste. It is divided into 7 parts. The syphilitic is subjected to the fumigation for 7 days, by putting each part into fire each day.

(*c*) Mercury inunction—48 grains of mercury is rubbed over the body with the juice of leaves of Michelia Champaka by hand, as long as mercury does not entirely disappear. The fomentation is to be applied by means of warmed hand applying over the body, to facilitate absorption. The inunction is to be done for 7 days. Avoid acids and salts.

References—It is to be made clear that the diseases (upadansha and syphilis) are described as they are understood from the Ayurvedic text books, without any effort on the part of the writer to explain them in the light of the modern medical science, with the purpose to give a clear idea to the readers about what is actually found in the Ayurvedic books. The books consulted are :—

1. Bhavaprakash by Bhavmisra.
2. Sushruta Samhita.
3. Charaka Samhita.
4. Madhavanidan.
5. An interpretation of ancient Hindu medicine by Chandra Chakraberty.
6. A system of Ayurveda by Kaviraj Nagendra Nath Sen.

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Reports of Societies, etc.

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TENTH ANNUAL REPORT OF THE HOMOEOPATHIC CHARITABLE DISPENSARY, FORT, BOMBAY.

For the year 1926—27.

I have great pleaure to present the following 10th annual Report of the working of the Homœopathic Charitable Dispensary, Fort, Bombay for the year 1926-27.

2. The work of this Dipensary went on smoothly during the year under report.

3. During the year under report 4,045 patients were treated in all, of whom 1786 were males, 1420 females and the rest 830 were children. The average daily attendance was 11·4 patients a day.

4. The distribution of patients by castes who attended the Dispensary during the year under report is as under:—

1.	Parsees	1899
2.	Hindus	1422
3.	Mahamedans	519
4.	Anglo Indians	224
5.	Others	61
	Total	4045

The following is the comparative statement of the last two years :—

No.	Year.	Patients.			Total.	Averagge daily attender.	Castes.					Total.
		M.	F.	C.			P.	H.	M.	A.I	others.	
1	1925-26 ...	2029	1500	393	3922	10·5	1416	2140	233	132	1	3922
2	1926-27 ...	1786	1429	830	4045	11·6	1819	1422	519	224	61	4045
	Total ...	3815	2929	1223	7967	21·11	3235	3562	752	356	62	7967

5. During the year under report Mr. E. W. Perry the then acting Collector of Bombay now Private secretary to H. E. the Governor of

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Bombay and Mr. J. K. Parulkar J. P., Honorary Presidency Magistrate of Bombay visited the Dispensary and expressed their satisfaction at the working of the Dispensary and have noted their remarks in the Visitors' Book which are as under :—

Mr. E. W. Perry, M.A., I.C.S. the then Acting Collector of Bombay now Privite Secretary to H. E. the Governor of Bombay :—

"I also had the priviledge of visting this famous Dispensary situated in the very centre of the Fort. Unlike most of the neighbours, Mr. Rayakar comes here to give what he can but thrives on it as I have no doubt, for the growing attendance most of his patients do.

Mr. J. K. Parulkar J. P., Honorary Presidency Magistrate, Bombay :—

"I visited the Homœpathic Charitable Dispensary in Fort in charge of Dr. Rayakar. During the time I was in the Dispensary I was pleased with the manner in which Dr. Rayakar attended to his patients. The Dispensary is being availed of by a large number of people of different nationalities residing in Fort and is doing useful and humane work. I wish Dr. Rayakar every success."

—o—

LOCAL FUND DISPENSARY, KOTTAPATAM.

Annual report for the year ending 31-3-1927.

THE ONGOLE TALUK BOARD AYURVEDIC HOSPITAL.

BUILDING.

There is a permanent building owned by the Board, for this dispensary, in accordance with modern standards after the fashion of the Government hospitals. This building is situated in a suitable and healthy corner. At present, it badly needs some repairs ; especially a compound wall is of an absolute necessity.

FURNITURE.

The furniture required for this medical institution has already been supplied by the Board.

INSPECTION.

Now and then, the President and the members of the Board made personal inspections of the Dispensary, but Doctor Achanta Luxmipathi B. A., M. B, C.M., who has been appointed by the Government to inspect Ayurvedic Hospitals and Dispensaries, has not been given an opportunity by the Board to inspect the Dispensary ever since its

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inception. I trust that they would create such an opportunity for him at least in future.

INCOME FROM PATIENTS.

No money is taken from the patients who get treatment in this Dispensary, for, it is a free Ayurvedic Dispensary. There is no accommodation in it for inpatients. If sick wards and bed-rooms are available, the Dispensary will be of more use to the public. I trust that the Board will provide at its earliest convenience such facilities for the patients coming from the surrounding villages. Ever since this Dispensary was founded, an annual report of its work was never published. I have undertaken the publication of this report in order to make the Public understand that the indigenous system of medicine is more suitable to our constitution and climatic conditions than the western system and that more patients could be treated with less expense by the former than by the latter.

IMPORTANCE OF THE VILLAGE.

Kottapatam is the healthiest of all villages in Guntur district and is eminently fit for human habitation. Being on the sea coast, it is a health-resort and deserves to be called the sanatorium of the citizens of the District. It has fine, wide streets, excellent sea-breeze, good water-supply and other facilities. At one time it was a good seaport and was famous as a shipping and trading centre. For a time, this village was a Union Panchayat enjoying good sanitation. But, now, its sanitary outlook is gloomy. As the streets are insanitary, the need for a Health Board is keenly felt here. Although this Dispensary is an Ayurvedic one, Western medicines are also administered and Surgical operetions are performed to suit the mentality of patients. And so, the number of patients receiving treatment is more than double than that of last year. This is a clear indication of the popularity of the institution.

EXPENDITURE.

To prove that the cost of Ayurvedic treatment is very much less than that of the Allopathic, suffice it to say that a patient requires only o o-3 per day for his indingenous treatment.

EXHIBITION OF AYURVEDIC DRUGS AND LECTURES.

This year, there was an exhibition in the premises of the Dispensary, of indigenous drugs. The Health week celebrations were coducted with great enthusiasm. Along with the exhibition, lectures were given on such topics as "Hospitals in Ancient India" and the "Ancient system of Indian medicines". Illustrations on the ancient medical books, such

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as, Charaka, Sushruta and Vagbhata were given to rouse the interest of the eager audience. The President and vice-President of the Board were present on this occasion and expressed their admiration for and their appreciation of the glory of Ayurveda.

PATRONAGE OF THE BOARD TOWARDS THE INDIGENOUS SYSTEM OF MEDICINE.

1. A midwife has been appointed to work in the Dispensary and to look after "Maternity and Child welfare."

2. The utensils required for the Dispensary have been supplied.

3. The Monthly "Journal of Ayurveda" published from 2, Horokumar Tagore Sqr., Calcutta, is supplied to the Dispensary.

4. A gardener has been appointed to water the plants in the premises of the Dispensary and to bring the drugs required for it.

5. Opportunities have been created for the officials and servants of the Board and the School Masters to take the Health certificates from authorities of this Dispensary according to the G.O. No 709 dated 21st. March, 1925.

6. A great stimulus has been given to Ayurveda by the Board by deciding to send, in 1927, 5 candidates with a stipend of Rs. 25 each, to study the Ayurvidic system of medicine for a period of 4 years, in the Government School of Indian Medicine, Madras.

7. A resolution was brought before the Board in its meeting dated 9-5-27 for giving the Doctor of the Ayurvedic Dispensary, Kottapatam, a grade of salary from Rs. 50—5—Rs. 75.

8. The Board appointed this year the Doctor in charge of Kottapatam Ayurvedic Dispensary in stead of Sub-Assistant Surgeon as it has hitherto been done, to attend to the "first-Aid" work in connection with the Sivarattri Festival at Ethamukkala and Madanur Villages and the Sree-Ramanavami Festival at Chadalaveda.

For all these the Board deserves the highest congratulations and sincerest thanks.

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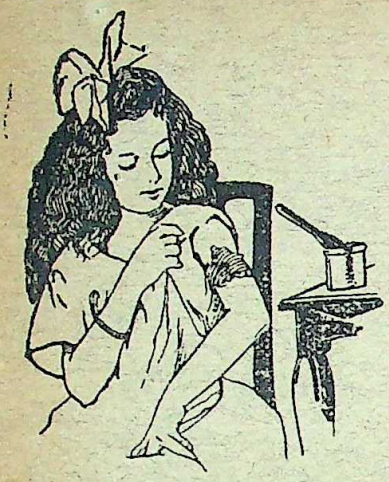

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The Journal of Ayurveda

or the Hindu System of Medicine

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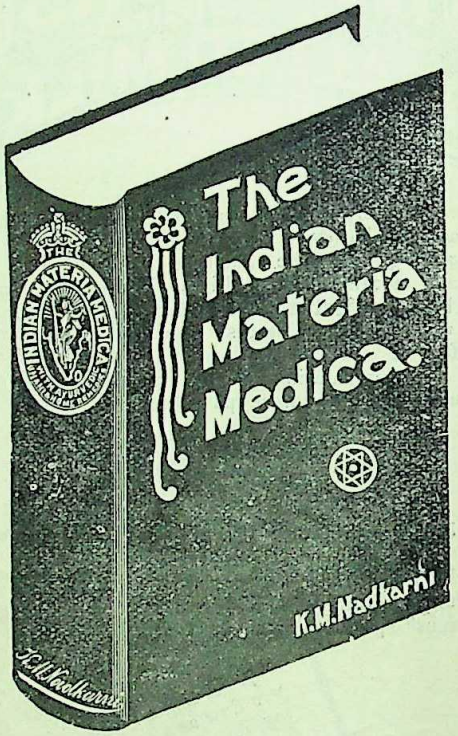

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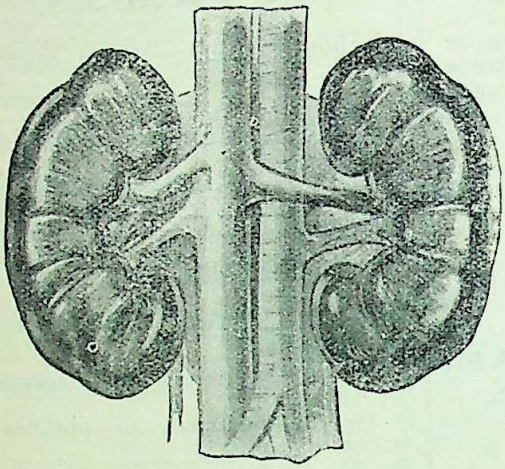

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THE JOURNAL OF AYURVEDA

Vol. IV.] October, 1927. [No. 4.

Hooton hoots out Ayurveda

BY

M. R. SAMEY, PH. D., M. D.

Bangalore.

Major General Hooton, Surgeon General of Bombay has chosen to hoot out Ayurveda in the Trienninal Report on the Civil Hospitals and Dispensaries in the Bombay Presidency for the years 1923-1925 which has been just published. The *worthy* in his 'Service' Throne felt uneasy at the rearing of his 'Enemy's head' and chooses to mollycoddle it in his "Blue Book." This phillipic against Indigenous System of Medicine is naively introduced into the Report by way of precious vituperation to be standardized as a classic monograph and Public Document.

"Based on False Theories", says the "Times of India", paraphrasing the Surgeon General's diction. "Based on erroneous theories" and giving a pretty good lead in synonyms for the delectation of readers translates "Error" as "Falsehood".

The whole piece is a fallacious argument based on intolerance Says the Surgeon General Hooton :—

"The Ayurvedic and some other Indigenous Systems did very good work in their day, but they are based on erroneous theories and cannot bear comparison with the modern system of Medicine founded on recent advances in Science."

Now that the advances in Science are recent, the modern system of Medicine is being founded upon it

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from day to day by the employment of tactics of hooting on and off the very plinth and foundation of their medical system—"Ayurveda". Our forbears did very good work in their day and since we have dotted their 'i's" and dashed their 't's, we must make short work of their precious bequests and strangulate them if they dare survive their day.

What then remains of modern Medicine if our heritage is discarded? A Pasteur, a Mechinkoff, a Galileo, all outsiders, have dowered medicine bountifully. Simpsons and Listers have professed it, but who has given the first system of Medicine to the world?—"The Hindus"—Charaka and Sushruta. Egypt, Greece and Rome built their medical systems on these "World Classics of Medicine" and England only painted it red and claimed it as her own.

The impetus given by scientific advances all over the world made medicine progressive and found out the "*Raison d'etre*" for ancient medical practices.

The Ayurvedic theories are quite rational and sound and only the understanding of it is wholly erroneous.

The *Tridosha Theory* of Ayurveda is at once the envy and despair of the regular practitioner of modern scientific medicine who is generally admitted to be inferior to Indigenous practitioners in diagnosis and treatment. The bulk of medical relief is tendered by the Ayurvedic practitioners in India and if in spite of this rancorous hooting on and off of the system it is a potential rival of medical practice profusely pampered by State patronage, its innate strength is really that of a "Samson".

That its revival is dreaded can be seen by these occasional outbursts of these happy medical Satraps who hiss and hoot it out. Major General Sir Patrick Hehir K. C. I. E., C. B., C. M. G, I. M. S. has a sound advice to give to his brother Major General Hooton in office. "I entertain doubts as to the political wisdom of

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ignoring the hold these *Oriental* Systems have on the people, and I am quite sure that adopting an attitude of contempt is not the way to meet them."—Hehir.

For many years to come, remarks Hehir, we cannot hope to place western medicine within the reach of poorer classes in the more remote villages and districts of India. Major General Hooton prefers 'Upacharaks' and Primary Schoolmasters with their dangerous little knowledge of western medicine to Ayurvedic practitioners and Hakims who have for 2000 years been going strong in medical relief of India.

Why this pertinacity of purposeful attachment to one's own rank and file at great risk? Why this '*suppressio veri*' and '*suggestio falsi*'? Where will the pet "Upacharak" and Schoolmaster physician of Major General Hooton stand when his brother Major General Hehir says of an Indian Medical Graduate as follows :—

"We who have given greater part of our life in service to India, cannot blind ourselves to what is obvious, that the average man of the independent medical profession in India is a long way, possibly a few generations or so, behind the standard of his British confrere in the United Kingdom Beware of "Upacharaks" and Schoolmasters doctoring rural India with their dangerously little medical knowledge when the up-to-date medical graduates of Indian medical colleges are quite "back numbers' in British medicine. Nothing is better than a nonsense of this travesty of Medical relief. It is a *delusion and a snare*. We have tried Ayurveda and found it equal for rustic India for these 2000 years and why risk with amateurs and mountebanks of western medicine masquerading as Rural Medical Practitioners?

Col. Maclaren of the Indian Medical Service assures us as follows :—

"I know that you (Vaids and Hakims) can diagnose and treat all diseases, and that your treatment of such diseases as asthma, ascites, insanity, diseases of the brain,

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spine and generative complaints is very successful under the climatic conditions of the country and the habits of the people. By no stretch of imagination can it be possible to contemplate an era of '*tabula rasa*' in Medical Relief in India. It is not possible to erase out Ayurveda from Indian Dictionery. The reverse will befall if as the result of a fanatic adherence to western medicine "upacharak"s and schoolmasters are made to elbow out Ayurvedists from rural medical practice. "If Western Medicine and Surgery, as practised by Allopaths in India, are not able to stand on their own merits, it will, in course of time, cease to be practised"—apprehended Hehir and this simulacrums of Western Doctors in villages will confirm effecively the fears of the seers of Western Medicine.

Ayurvedic Medicine has lived over 2000 years in India and is "still going strong". Nothing conspicuously better has been introduced and maintained by the powers that be among the many millions who favour Ayurveda and hence its vitality is increasing from day to day "The intellectual resurrection of India is the supreme ideal of the Indian Nationalist", says Mr. Jadunath Sarkar, M. A., C. I. E., Vice-Chancellor of the Calcutta University, in his Convocation address to the Bombay University the other day. And "with God and our country" we shall work for such intellectual resurrection of India in the field of Medicine.

We wish to be self-reliant in art and science. We want to cease to be a debtor nation and remove from our escutcheon the slur of being "eternal intellectual beggars" on things made in Europe, We had been a Creditor nation and once again we will play our role as such.

Ayurveda is the treasure trove of India and in this Intellectual mine we shall work out and carve a 'Golden India of Robust Health." The first intellectual resurrection of India will be in Ayurveda and signs are not wanting to prognosticate this Happy Event.

Indian Medicine has come to proclaim its peerage in the Realm of Healing and all poachers on its preserves feel themselves hooted out by its bugle and hence hoot on under the plea of possession being nine points in Law. But the Tenth Point, like the Tenth Commandment decides the issues and Ayurveda shall be once again the Pioneer medical Relief of India—"The Medicine of the Masses."

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Original Articles.

THE FIVE INHERENT PROPERTIES OF A SUBSTANCE.

BY

D. NARAYANA ROW, (Mambalam.)

Individuals are to be found in every country occupied in endeavours to discover the cause of disease and remove it. These distinguished benefactors of mankind after explaining the nature and treatment of disease reduce to theories the phenomenon of human organism, disease and medicine.

Among the many theories reduced by the Oriental medical professors of India, the theory of Materia Medica is worthy of mention which gives a fund of knowledge to a student of impartial eye who approaches it with the spirit of enquiry. The ancient Hindu practitioners of the healing art adopted the theory that every existing substance in the universe, either vegetable or otherwise, contains the five properties namely *Rasa*, *Guna*, *Viryya*, *Vipaka* and *Prabhava* which are inhernent in it.

Every substance in this world according to the Hindus is in its composition *panchabhautik i.e.*, into the composition of all substances in the world enter the five fundamental principles—*Prithvi* (earth), *Ap* (water), *Tejas* (fire), *Vayu* (air) and *Akash* (ether); and the character of a particular substance is determined by the preponderance of any of these in it. Consequently a substance may be denominanted as a substance of dominant Earth-principle or a substance of dominant Water-principle and so on. So then it may be inferred that there is not a single substance in this world that is not endued with certain curative virtues; so much so, these five inherent properties have also the power and influence in curing disorders of different kinds.

Now let us consider in a short compass these five properties, the knowledge of which is considered indispensable for a practical study of Materia Medica.

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Rasa :—This is the taste of a substance or drug and forms the primary attribute of it. This is said to be water-originated principle and is also *panchabhautik* in composition. This water-originated Rasa becoming modified through the contact with the rest of the material elements admits of being divided into six kinds, as *Madhura* (sweet), *Amla* (acid), *Lavanas* (saline), Katu (pungent), Tikta (bitter) and Kashaya (astringent). Of these it is held, the first is more restorative than the second and the second more so than the third and so on. These in their turn when combined with one another give rise to sixtythree different kinds which are shown as in the table below.

Table showing the different combinations of the six Rasas.

	M.	A.	L.	T.	K.	Ka.
1	M					
2		A				
3			L			
4				T		
5					K	
6						Ka
7	M	A				
8	M		L			
9	M			T		
10	M				K	
11	M					Ka
12		A	L			
13		A		T		
14		A			K	
15		A				Ka
16			L	T		
17			L		K	
18			L			Ka
19				T	K	
20				T		Ka
21					K	Ka
22	M	A	L			
23	M	A		T		
24	M	A			K	
25	M	A				Ka
26	M		L	T		
27	M		L		K	
28	M		L			Ka
29	M			T	K	
30	M			T		Ka
31	M				K	Ka
32		A	L	T		
33		A	L		K	
34		A	L			Ka

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	M.	A.	L.	T.	K.	Ka.		M.	A.	L.	T.	K.	Ka.
35		A		T	K		50	M		L		K	Ka
36		A		T		Ka	51	M			T	K	Ka
37		A			K	Ka	52		A	L	T	K	
38			L	T	K		53		A	L	T		Ka
39			L	T		Ka	54		A	L		K	Ka
40			L		K	Ka	55		A		T	K	Ka
41				T	K	Ka	56			L	T	K	Ka
42	M	A	L	T			57		A	L	T	K	Ka
43	M	A	L		K		58	M		L	T	K	Ka
44	M	A	L			Ka	59	M	A		T	K	Ka
45	M	A		T	K		60	M	A	L		K	Ka
46	M	A		T		Ka	61	M	A	L	T		Ka
47	M	A			K	Ka	62	M	A	L	T	K	
48	M		L	T	K		63	M	A	L	T	K	Ka
49	M		L	T		Ka							

M = Madhura Rasa
A = Amla Rasa
L = Lavana Rasa
T = Tikta Rasa
K = Katu Rasa
Ka = Kashaya Rasa

1 to 6—Six different tastes.
7 to 21—Combinations of 2 different tastes.
22 to 41—Combinations of 3 different tastes.
42 to 56—Combinations of 4 different tastes.
57 to 62—Combinations of 5 different tastes.
63—Combination of the 6 tastes.

The first three Rasas are antagonistic to Vata or wind-disorders and the other three are to Kapha or phlegmatic distempers. Amla (acid), Lavana (salt), and Katu (pungent) promote the secretion of Pitta while Tikta (bitter), Kashaya (astringent) and Madhura (sweet) have the virtues of pacifying biliary disorders. These different tastes possess different properties and each has the power and influence in curing different disorders of the body.

Madhura Rasa contributes to the life preservation and increases the quantity of bodily Kapham and is endued with the attributes that specially appertain to the material principles of earth and

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water. Amla Rasa increases the relish for food and salivation and is possessed of attributes that belong to the principles of earth and fire. Lavana Rasa also imparts a greater relish to food and brings softness of parts or limbs of the body and is possessed of corrective virtues and is mostly endued with the attributes that characterise the elementary principles of water and fire. Tikta Rasa is a good appetiser and also a good purifying agent in respect of ulcers and has the virtues of drying up pus, mucous, fat, etc. and the specific attributes of air and ether predominate in it. Katu Rasa destroys obesity and intestinal parasites, is antitoxic in its character and a good curative in skin diseases and is highly possessed of attributes that belong to the principles of air and fire. It acts as a sedative and lessens the quantity of fat, milk and semen. Kashaya Rasa lessens the secretion from mucous membranes and the properties of earth and air are dominant in it. In the event of each of them being largely partaken of to the exclusion of all other remaining Rasas, they give rise to many derangements.

This Rasa, in general, is of two kinds, namely, Pradhana (principal) and Anu (weak or secondary), the former being the stronger and more potent, the latter is not markedly known. A person who habituates himself to the use of the above tastes enjoys immunity from their actions.

Guna or Quality :—This is the second inherent property in a material substance by which a particular effect is caused in the organism when used either internally or externally. Ancient Aryan medical writers after keen examination and careful study have classified all medical substances into groups according to their real and supposed properties or actions on the different organs of the human system or on particular symptoms of diseases. But many of the writers do not agree in the mode in which they classify medicine when describing their properties. According to the medical science of the Hindus twenty are the sorts of qualities of a material object. They are as follows :—heavy, light, soft, hard, dull, keen, smooth, harsh, hot, cold, oily, consistent, watery, fixed, tremulous delicate, demulcent, transparent, coarse and pungent.

Charaka divides all medicinal substances into fifty groups or *Ganas* as Jivaniya, Lekhaniy, Balya, Bhedaniya, etc, while Sushruta divides them into thirtyseven classes according to their therapeutical properties named after the first drug or article of each class. The articles included in each class have certain common properties such as acidity, astringency, etc., and as such, can be

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substituted for one another Some of the Ganas or groups mentioned by Sushruta are Vidarigandhadi Gana, Aragvadhadi Gana, Vamnadi Gana etc., of which Vidarigandha, Aragvadha and Vamnadi are the first articles respectively in the groups.

VIRYYAM :—That principle in virtue of which the action is performed is called Viryyam or potency of a substance or drug. This potency is believed to be either cooling or heating owing to the twofold nature of the temperature of the world due to the influence of the moon and the sun, the two great principles of cold and heat respectively. Therefore it is held that Viryyam is of two kinds, namely Shita-Viryyam and Ushna-Viryyam. Heat-making agents or substances of Ushna-Viryyam cause giddiness, uneasiness, burning sensation and sweat, increase bile, promote digestion, suppress cough and wind; while cold agents or substances of Shita-Viryyam increase wind and phlegm, lessen bile, pormote strength and improve blood. The general belief of the Hindus in the hot and cold inherent qualities of medicines is, that if a disease be either hot or cold, a medicine with the opposite qualities is to be prescribed.

VIPAKA :—This is the change which a substance undergoes in the organism under the influence of the heat and is an important factor in the science of medicine. When a substance is brought into contact with the digestive fire in the stomach, it undergoes a process of chemical reaction and is decomposed. This chemical effect on the six aforesaid kinds of tastes is either sweet, sour or pungent. The Vipaka of substances that are sweet, sour and pungent remains un-altered and that of saline or salt substances becomes sweet and of the astringent and bitter, pungent. Of course to this also as to many other general rules there are exceptions. For instance, chebulic myrobolans are of an astringent taste, but they become sweet in Vipaka after undergoing the chemical change in the stomach. Sweet Vipaka lessens wind and bile and promotes phlegm ; Sour or Acid Bipaka increases bile and decreases wind and phlegm, while Pungent Bipaka gives rise to distempers of wind and subdues those of bile and phlegm. It is mostly by the taste of its Vipaka, the therapeutic effects of a medicinal substance is regulated.

PRABHAVA (NATURE) :—This is a peculiar active force residing in a substance. There are many substances whose *Rasa*, *Guna*, *Viryya*, and *Vipaka* are similar and yet the effects produced by them are dissimilar. As for example, Chitraka (plumbago Zeylanica) and Danti (Croton polyandrum) are both pungent in Rasa, light

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in Guna, hot in Viryya, and pungent in Vipaka. Chitraka promotes digestion while Danti operates as a powerful purgative. It is believed that a herb, known as Sahadevi, if its root is tied to the neck cures intermittent fever. It is under this belief that persons wear certain stones and objects on their bodies as prophylactics against diseases. This result is due to the special action of the drug, the ultimate cause or nature of which is beyond our comprehension.

A drug or substance either increases or decreases the deranged condition of the humours by the dynamical action of its inherent properties, sometimes in virtue of its Rasa, sometimes in virtue of its Guna and some times in virtue of its Viryya and so on. These five inherent attributes of Rasa, Guna, Viryya, Vipaka and Probhaba and their substance of which they are the attributes are correlative categories from the time of their origin. These cannot be seen if a section of a drug or substance is cut and also cannot be joined under a microscope and can only be understood by their results in the organism.

A Western cultured person may think that Indian sciences are based upon observation and test. The ancient sages of India might not have experimented upon frogs and hares but they have observed with their mental eye whose tests and results are beyond those of laboratory ones. To describe the changes that a medicinal substance undergoes in the living economy, presupposes on the part of the ancient Hindu medical practitioners some knowledge of clinical analysis and the process of decomposition. The Oriental medical professors of bygone times emphatically assert that all the curative agents mentioned in their compendiums have been fully tested and recommended only after a long and practical experience, and each writer has treated the subject in the course of his own way. They strongly recommend that every physcian should be able to identify the various curative agents he has to deal with. To dispute the efficiency of a drug or medicine which has been found efficacious from time immemorial and which has been adopted after centuries of careful observation and strongly recommended by our ancient physcians should be considered nothing but a sacrilege. So only an intelligent practitioner of the Hindu system of Medicine strictly adheres to the officinal recipes given in the medical compendiums of his ancient sages.

In conclusion it remains to humbly appeal to the young generation of India in whose hands lies the future hope of their country to

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take the question of indigenous concerns with the spirit of enquiry and betterment. Our system of medicine now shows signs of revival and it is the duty of the young population particularly to encourage indigenous learning and scholarship. It is sheer nonsense to think that Hindu medicine is crude and quakery. Our literature is not a repository of nonsense as it is supposed to be by those who blindly consider that whatever is heathen must be bad. Knowing nothing of Hindu literature, the first missionaries attempted to root up wheat and tares without discrimination. India is in fact a sealed book of knowledge for him who does not approach her a with real spirit of sympathy. Sages of India were men of varied intellectual gifts and they had the widest range of mind of which a man is capable. It should be called scepticism to say that Ayurvedic system of medicine is not based upon experiment. None should take the verdicts of such sceptics who neither care to examine nor weigh the facts of our science. If approached with an impartial sight with a true spirit of enquiry the marvellous achievements of our ancient saints in the domain of any science afford a wide scope for one to compare ours with foreign sciences.

Our own orthodoxy and indolence are mainly responsible for the downfall of our medical and other sciences. We must now throw off the cloak of orthodoxy as there are some doubtful points in our medical science which await solution in the light of modern knowledge. Some orthodox Ayurvedists say that Ayurveda being the portion of the Vedas should on no account be rendered into any other language thus making it inaccessible to the public irrespective of caste or creed. This is a selfish contention. Knowledge is not the hereditary property of a particular nation or sect. A "give and take" policy must go on among all sciences and nations, be they Eastern or Western and triumph of medical science as healing art is only attainable by catholicity and not by orthodoxy.

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METALS IN AYURVEDA

MERCURY or HYDRARGYRIUM, Hg.

BY

AMRITLAL D TRIVEDI, L. C. P. S. (Bomb),

Jam-Raval.

Introduction:—Mercury is such a vast subject, that various books have been written over it. Therefore I won't be able to describe the subject in full details in this Journal owing to shortness of space but I shall try my level best to put the subject as nicely as I can before my brother practitioners. Much light has been thrown upon the subject in various books *e.g.*, Rasa-Ratna-Samucchaya, Rasendra Sara Sangraha, Rasa-Ratnakar etc., and so if I take it from any book, I shall be clear to make you understand that I don't claim any originality. There is not a single drug, when compared with mercury, which is so much used in Ayurveda, to cure almost all diseases.

Synonyms in various vernaculars :

San. & Bengali.—Parada, Rasa.

English.—Quicksilver, Mercury.

Gujrati—Paro.

Source.—There are various theories about the source of crude mercury, but for practical purpose, it is obtained from native mercuric sulphide (cinnabar).

Character.—It is silvery white liquid and reflexes our image. It is easily divisible into globules. It volatises at 662°F. and solidifies at 40°F.

Impurities.—Lead, tin and other metals.

Selection of Mercury for medicinal use :—

It is difficult to obtain mercury from the market, without impurities, and hence it requires correction before medicinal use. Mercury, obtained from the cinnabar (native mercuric sulphide) by *Urdhvapatana Jantra i.e.*, subliming apparatus, is fit for internal administration without correction. The process of extracting mercury from native mercuric sulphide will be described afterwards.

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CORRECTION OF MERCURY BEFORE MEDICINAL USE :—

There are various methods of correcting mercury, according to Ayurveda, but it is difficult to describe them all in a journal like this and hence the following method, will serve our purpose. This is one of the easiest methods and is followed by many Vaidyas of this country.

PROCESS OF CORRECTING MERCURY :—

Take crude Mercury 100 Tolas, from the market. Take Garlic 10 Tolas and Mustard-seeds 10 Tolas, rub them on a stone with water and prepare a ball. Introduce the mercury to be corrected inside the ball. Tie the ball with a piece of thick cloth. Boil the whole thing by Dola-jantra process for 12 hours. Dola-jantra must contain Kanjika while boiling. In this case the Dola-jantra must be airtight so that mercury will not vapourize out. When the whole thing becomes cool of its own accord, take the mercury from the ball in the Dola-jantra and wash it with tepid water. Rub the mercury with the juice of *Kumarika*, in a stone mortar and wash it with the *kvath* of *Triphala*. Then rub it with the juice of Garlic and wash it again with the *kvath* of Triphala (Three myrobalans). Again rub it with rock-salt (half in weight of mercury) and lemon-juice and wash it once again with the kvath of Triphala. Afterwards take garlic, mustard, and purified ammonium chloride in equal parts, of the same weight as mercury to be corrected. Rub all the three ingredients, together with mercury with kanjika in a stone mortar, till the whole thing is prepared into a pill mass. Prepare chakties out of this pill nass and let them become dry. Rub Assafœtida with water, till it is turned into a paste. Apply this paste over the chakties and let them become dry. Heat these chakties (bread) in an Urdhvapatan or *Damaru-jantra* (subliming Apparatus) for 24 hours. Damaru-jantra must contain 5lbs. of powdered common salt. When the whole thing cools of its own accord, collect the corrected mercury from the upper vessel carefully. The lower vessel contains ashes of mercury, and vegetables. It also contains impurities. If you find the chakties still heavey and globules of mercury in them, heat them again in a subliming apparatus, and collect the remaining mercury. 60 to 70 p. c. of mercury is obtained, corrected, if the above process is successfully carried out.

Mukha Process means the washing of mercury which is corrected as above for three times in lemon-juice. Instead of

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lemon-juice, Kanjika can also be used. Afterwards wash it with plain water. The mercury of the market, which has undergone correction and Mukha process, mentioned above, is fit for internal administration.

EXTRACTION OF MERCURY FROM NATIVE MERCURIC SULPHIDE (CINNABAR) FOR MEDICINAL PURPOSE :—

Method No. 1.

Take the mercuric sulphide (cinnabar) 10 tolas from the market and rub in lemon-juice for three days. Apply this paste in the lower vessel of the Damru-jantra (subliming apparatus). Heat the subliming apparatus for 6 hours. The period of heat depends upon the quality of mercuric sulphide taken for extraction. When the whole thing becomes cool, of its own accord, collect the globules of mercury carefully. Repeat the process if you still find the globules of mercury in the lower vessel. Do the Mukha process afterwards to the extracted mercury, as described above. The mercury which has been extracted by Damru-jantra and which has undergone the Mukha process, is fit for internal administration. There is no difference in Parada Bhasma (reduced mercury) and corrected or extracted mercury and it is used as such in Ayurveda. Mercuric sulphide (cinnabar) yields 37½ p.c. of mercury if the process is sucessfully carried out.

Method No. 2.

Take native Cinnabar and rub it in lemon-juice or neem-juice and prepare a thick paste. Apply this paste over a thick piece of cloth and let it become dry. Fold the cloth in such a way that the drug remains inside. Prepare this in the form of a ball. Wrap about ½ lb in weight of rags over that ball. Put this ball in an open earthen vessel Put bricks round this earthen vessel and then put a second earthen vessel on the bricks, keeping the vessel containing the ball in the middle. Ignite the ball and let it become cool after 12 hours. The ball begins to burn and the smell of sulphur comes out. When the whole thing becomes cool of its own accord after twelve hours, collect the extracted mercury from the upper and the lower vessel, carefully. Wash the mercury thus obtained, with lemon-juice or kanjika for three times and then it is fit for internal use. This is an easy method of extracting mercury from native Cinnabar and it yields a greater percentage of mercury than through the subliming apparatus or Damru-jantra. This method is adopted by many Vaidyas of this country.

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Parada Bhasma or Kajjali (Black sulphide of mercury and sulphur).—Take corrected mercury and corrected sulphur in equal parts and mix them. Put the mixture in an iron pot. Put the iron pot under gentle fire. Rub the mixture afterwards so as to make a fine powder This kajjali is used, where Parada Bhasma (reduced mercury or corrected mercury) is indicated in Ayurveda.

Action.—Antipyretic, antiperiodic, cholagogue, purgative, alterative, tonic, antisyphilitic, aphrodisiac, antiseptic and paraciticide.

Dose.—1 to 3 Raties or 2 to 6 grs.

Natural Salts of Mercury—(1) Cinnabar or native mercuric sulphide, (2) corrosive sublimate or Hydrarg Perchloride. The correction and reduction of the above two natural salts of mercury will be described afterwards for the sake of convenience, in their respective headings.

Ayurvedic preparations :—There are so many preparations of mercury that it is practically impossibe to describe each of them in so short a space. The following, which are of use to an Ayurvedist, will serve our purpose.

(1) Reduced mercury or Parada Bhasma. (2) Chintamani Chaturmukha Rasa. (3) Vahami Rasa. (4) Trivikram Rasa. (5) Galita Kustha Kuthar Rasa. (6) Rasa Parpati. (7) Panchamrita Parpati. (8) Lauha Parpati. (9) Suvarna Parpati. (10) Tamra Parpati. (11) Saptashalivati. (12) Paradi Gutika. (13) Hydrarg C. Creta. (14) Rasa Sindura. (15) Brihat Chandrodaya Rasa. (16) Brihat Chandrodaya Anupan. (17) Makaradhvaja Rasa. (18) Hiranya-Garbha Pottoli Rasa. (19) Ung. Hydrargerii. (20) Ung. Hydrarg Co. (21) Mala Sindura. (22) Tala Sindura. (23) Shila Sindura. (24) Brihat Jwarankusha. (25) Ramban Rasa, etc.

(To be continued.)

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(*Continued from our August issue.*)

European Practice.

General.

Most degenerative diseases of the Nervous system are of toxic origin, e.g., Tabes Dorsalis, general paralysis of the insane, alcoholic peripheral neurites, subacute combined sclerosis (Toxicity of the blood). In these cases good and easily assimilated food must be ordered to maintain a healthy equilibrium of the Nervous structures to fortify them against the ravages of poisonous toxins.

Similar food should be ordered in Nervous diseases with mental symptoms, for it is increasingly recognised that this group of diseases is caused by some focus of infection located in some obscure corner of the body.

In Nervous diseases like asthma, epilepsy, etc. which are considered as symptoms of anaphylaxis, the offending dietary article, often a particular variety of protein should be avoided.

Lastly, in acute inflammatory diseases of the Nervous system the dietetic treatment is based on the same principles as are applicable in acute diseases in general. It must be remembered also that inflammatory diseases of the Nervous system are not diseases of that system primarily but these are secondarily affected.

Diet in Special Nervous diseases and Nerve-Symptoms.

Akshepa (*Convulsions.*)

In the first stage of the disease, Vayu-Kapha is deranged when the diet should be as follows :—

Starch gruel like barley.

Avoid cold water and cooling things in general, cold bath and rice.

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Then give barley gruel with milk.

But if the patient feel very weak, give barley gruel with meat soup. After 2, 3, or 4 weeks when the "Kapha" derangement subsides give rice.

If weakness is due to Vayu derangement, after the acute stage subsides, give nutritive food like rice, meat soup, etc.

Hanustambha (Lock-jaw.)

After the acute stage is passed and there is partial paralysis of jaw left, the patient is very much weakened, when nutritive food like rice should be given as also hot water to drink and hot bath. Before giving solid food like rice it is desirable to cleanse the bowels by suitable purgatives.

The same is true of paralysis of any group of muscles in the body.

Sarbanga-gata-Bata.

In threatening general paralysis, hydrotherapy by warm bath is good.

Ardita (Facial Paralysis.)

Give rice at noon and milk and bread at night, provided he can chew ; if not, starch gruel and milk. Unil the derangement of "Kapha" subsides don't give cold bath.

Manya-stambha (Wry neck)

In acute stage avoid cold bath. If there is fever or much pain, don't give rice but bread ; if no fever, give starch gruels.

Aba-bahuka (Contraction of Muscles of arm.)

In acute stage don't give solid food or cold bath. Later give rice at noon, bread or sunolina at night with milk when "Kapha" derangement subsides.

In Vayu derangement in weak persons if there is no fever and in chronic stage give rice at noon, and bread and milk at night.

Krostuka-Sirsa (Synovites knee.)

If fever—no rice.

If no fever—rice at noon and bread at night.

In acute stage—no milk.

If sub-acute stage—milk without addition of water.

If patient very weak—meat soup.

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Vata-Kantaka (*sprain*).

Rice at noon and bread at night
Don't give cooling things
Avoid *dahi*, milk and acids.
In sub-acute stage—*Luchi* or rice at night.

Tuni and Pratituni (*Tympanites.*)

In the acute stage give such food as will stimulate digestion ; avoid Dahi and acids and cooling things.

Vatashila and Pratyasthila (Phantom tumour of abdomen.)

In these diseases in which the secretions and excretions are mechanically stopped, temporarily, give light, easily digestible food.

Adhman and Pratyadhman (Tympanites.)

Fast the patient in the beginning, then give suitable food as advised after fasting.

Amasay-gata-Vata (Stomach deranged.)

Fast the patient in the beginning.

Bastigata-Vata (Rectum deranged.)

Give cooling and soothing food.

Sukra-gata-Vata (Serum deranged.)

Give milk, meat soup and other nutritive food.

Jrimbha (Yawning and sleepiness.)

Give sweet food.

Apasmar (Epilepsy, Hysteria, etc.)

When the convulsions are due to Vayu excitation, give cooling and soothing things, then soup of starches or pulses or meat (if patient much weakened) or milk.

When the Vayu excitation subsides give rice with meat or fish soup, vegetable soups (Brahmi Sag) and fruits.

Avoid drying things (which excite Vayu).
Avoid fasting and thirst.
Avoid sexual intercourse.
Avoid hot and bitter things.

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European Practice.

Epilepsy.

Probably there is no disease of the Nervous system in which diet is of so great an importance, specially when we recognise it as a manifestation of anaphylaxis. Unless the dietetic treatment is faithfully followed no form of epilepsy (except traumatic) is curable.

In all cases the digestive functions are materially lowered and patients cannot digest large quantities of food. Hence reduction of quantity is the first rule to be observed.

Appetite must be distinguished from hunger. We are apt to overeat and as a result there is imperfect digestion, toxins are generated resulting in auto-intoxication from the intestines and sub-infection in the various cells and tissues. Sub-infection from toxins formed in the intestines is one of the frequent causes of epilepsy. Even if it be caused by other causes, toxins from the intestines aggravate the susceptibility and precipitate an attack.

It is difficult, if not impossible to prescribe suitable diet for each case. People differ in their power of digestion as much as they differ in personality. It is better to prohibit those articles of diet which disagree with the individual. The following general directions are given :

(1) Nitrogenous food like red meat, fatty fish and beans should be avoided. Protied is often the cause of anaphylaxis. Here individual idiosyncrasy should be observed and avoided. Other protieds which are well-borne should he advised in very limited quantities just sufficient for general economy.

(2) Fruits in general may be permitted but acid fruits like grapes, oranges, limes and lemons should be avoided. Raw apple is often of importance and beneficial.

(3) Vegetables like Cabbages should be avoided.

(4) Alcohol should be forbidden. It is absolutely dangerous.

(5) Sweets like simple candies, cakes, etc. may be taken in moderation.

(6) Skimmed milk, when the digestion is much weakened.

(7) Fried food should be avoided, specially greasy or oily.

Any food, provided if not absolutely contraindicated, may be taken by the epileptic in moderation. The main thing is not

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to tax the digestion but at the same time to provide as much nourishment as the patient can safely take. It is advisable on the one hand to keep the patient's digestion at its best, while a thorough elimination should be maintained.

Hysteria

Where isolation is possible the Weir-Mitchell method of "isolation, absolute rest in bed, over-feeding, massage and electricity" is best, provided the patient is thin. In fact, the thinner the patient the better the result. Halewhite says, "if the patient is over-laden with fat, the improvement is slight; if stout, the treatment is useless." Again "patients with melancholia" do not improve at all. Isolation is the chief part of treatment.

The guiding principle of over-feeding is that the patient should have an abundance of easily digestible food at frequent intervals.

At first milk 4 oz., every 2 hours, and if it disagrees it should be skimmed, lime-water, barley-water or mineral water added. If the taste is disagreeable it should be flavoured with Tea, Coffee, Cocoa, etc.

After a week or fortnight of exclusive milk diet, a little bread toasted is added or a little bread and butter, next some fish, chicken added at midday meal, gradually a little mutton added twice a day, then strong meat soup (beef-tea), jellies and milk puddings.

Chorea or St. Vitas Dance

This disease is frequently so severe in its effects that feeding the patient becomes extremely difficult.

Frequent in this disease there are cardiac complications when diet should be modified accordingly.

It is often a part of rheumatic diathesis when diet should be modifield accordingly and should be anti-rheumatic. No nitrogenous food should be allowed; only the diet should be exclusively restricted to milk. Gradually vegetables like spinach, lettuce, onions are added, later on, fish, chicken and meat.

When rheumatism can be absolutely excluded more liberal diet containing nitrogenous food may be allowed.

In all cases meals should be small in quantity, but frequently repeated. The digestion should on no account be taxed.

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In severe cases food should be liquid and given by the nasal tube.

Biochemists consider that spasmodic movements of the muscles as we find in Chorea is due to upsetting of Calcium metabolism when the calcium-Ion lost is replaced by magnesium Ion which irritates the nerves and causes the spasm. Hence the chief indication is administration of food containing calcium in excess and avoiding those with magnesium in excess.

Further the more loss of calcium the less the alkalinity of the blood (acidosis). Hence food with acid-forming elements like meat, fat, etc., should be avoided as much as possible. Food with predominating alkali-forming elements like fruits and vegetables, milk and cereals should be preferred in these cases.

SANNYAS (APOPLEXY.)

Apoplexy resulting from cerebral haemorrhage may be accompanied by—

a condition of high blood pressure due to either arterial sclerosis or to organic disease of one or more organs of digestion or elimination :

or it may be caused from cerebral embolus thrombus. The latter does not require any special attention to diet except moderation in eating and frequent laxation.

In the former case on the other hand diet is of extreme importance. In this disease the digestive system is always impaired. One must be careful not to take excessive quantity of food or all varieties of food, which impairs the digestion, produces toxins which later increases the vascular disease on the one hand or causes greater damage to the already diseased organs. The diet should be such as will be readily digested and assimilated so that formation of toxins may be minimised.

Careful enquiry should be made into the dietetic idiosyncrasies and food should be regulated accordingly. All dietetic articles which habitually disagree should be avoided.

Observe the B. P. frequently and if it does not fall or show a tendency to rise, revise the dietary. Moderation in fluid intake should be the keynote.

Meat should be restricted to bare necessity. If the B. P. rises it should be excluded altogether.

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Fruits and vegetables generally should be allowed except nitrogenous vegetables like peas and beans.

Fish may be eaten in moderation except those which are too oily or difficult of digestion.

Milk and artificially sour milk should be freely taken.

Bread toasted in moderation may be taken. Hot fresh bread should be avoided.

Ice-cream, plain cake, puddings and plain candies may be allowed, but rich desserts, pies of all kinds and fancy ices should be prohibited.

Alcohol in any form should not be allowed as it impairs digestion and by its presence in the blood increases arterio-sclerosis and diseased conditions of the organs of elimination.

While tobacco is not an article of diet yet smoking impairs digestion and it is one of the causes of arterio-sclerosis. Moderate smoking in one accustomed to it, may be allowed.

A good deal has been advanced recently regarding the use of food rich in vitamine *e.g.*, fruits and vegetables. Here again individual idiosyncrasies must be recognised.

There need be no hesitation in giving any kind of food provided it is given in moderation and avoiding such food to which the patient has an idiosyncrasy, provided also that the food does not cause indigestion and does not increase B. P. It may be noted that general digestion may be improved by adequate elimination of waste products by suitable laxatives.

Hemiplegia and Paralysis in General.

In the early stage of hemiplegia, parplegia, Locomotor ataxy or other paralysis, the diet should be simple, nutritious and not very stimulating.

Hemiplegia is the result of impaired function or destruction of certain nervous structures due to the result of occlusion or rupture of a blood vessel or of the blood and is therefore a disease of the vascular system affecting certain nervous structure. The dietetic management is therefore primlarily the treatment of the condition which causes the paralysis.

In organic diseases of the Nervous system generally no special diet has been formulated which will materially modify the progress of the disease.

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In the early stage of Hemiplegia, whether the result of haemorrhage, thrombosis or embolism, the diet must be light, easily digestible and if there is difficulty of deglutition, such as will be readily swallowed.

If the patient is unconscious, liquid alimentation through the nasal tube, or rectal alimentation should be resorted to.

As soon as consciousness returns milk should be given for some days.

In some cases the progress of the disease suddenly stops due to some unknown reason to the toxin causing the further progress of the disease, becoming exhausted. Nutritive food like milk, egg, cream, etc. which are easily assimilated should be supplied in abundance to combat the resulting weakness or wasting. The return to normal diet should be very slow and cautiously done.

Insomnia and disturbed Sleep.

Persistent insomnia and disturbance of sleep may be caused by—

(*a*) Mental strain, anxiety and overwork,
(*b*) Painful mental emotions,
(*c*) Gastro-intestinal disturbances,

In all cases whether the G. I. tract is or is not primarily affected, it is secondarily involved and thus diet becomes an important factor.

The digestive powers are enfeebled and cannot dispose of large quantities of food.

An effort should also be made to arrest the fermentation in the intestines.

Hence the broad indications are :—

(*a*) not to overtax the digestion by limiting the quantity of food ;
(*b*) select such food as are easily digestible, and
(*c*) try to promote thorough and frequent removal of waste products.

Meat takes a longer time for digestion, hence should be taken in very limited quantity.

Fish and chicken are preferable.

Rich cream, soups and sauces are not allowed.

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Milk and plain soups are permitted in small quantities.

Fresh Vegetables thoroughly cooked but not richly, may be allowed as also stewed and baked fruits.

Acid fruits like grapes, oranges, fruits like pears, melons and berries (not easily digested) should be avoided or given in small quantities and result watched. Raw grapes and apples in small quantities could be readily digested. Individual idiosyncrasies should be considered.

Alcoholic drinks should not be permitted. Those who are habituated to whiskey and water with their dinners, can take it in moderation.

A bread and butter sandwitch or a glass of beer at bed time often is a good hypnotic than drugs. Often a smoke before going to bed to those accustomed to it, will quiet the nerves.

Patients should take the main meal of the day in the evening after his work is finished.

Generally a patient should avoid such food as generally disagrees with him. Limit the amount of food taken at a time, thoroughly masticate it and see to the elimination of waste products from the bowels.

Migraine and sick Headache

It is a common clinical fact that most of the victims of disease get an attack after injestion of certain foods and drinks and thus it is considered as a symptom of anaphylaxis. Each patient presents different idiosyncrasies for different dietary articles. Hence each case must be studied by itself, the dietetic habits of each individual must be carefully considered.

It may be generally stated that people who live temperately on a general diet, avoiding those food and drink to which they are susceptible, living a life in the open air or taking a good deal of physical exercise, rarely get the disease.

Classification of Headaches.

Harris classifies headaches as follows:

Superficial headaches, due to—

(1) Diseases of the brain coverings.

(2) Pain in the scalp due to cellulites weight of headdress or hair.

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(3) Pain in the pericranium from rheumatism or syphilis.
(4) Pain in the bone from caries.
(5) Reflex viseral neuralgias originating from the sense and other organs *e. g.*, eye, teeth, lungs, heart, stomack. bowels, etc.

Deep headaches, due to—

(1) Reflex cortical neuralgia *e. g.* visceral "academic" headache, thunderstorm and neurasthenic headaches.
(2) Toxaemic headache arising from constipation, sluggish liver, influenza, fevers, alcohol, ether, foul air, etc.
(3) Increased intracranial pressure *e. g.* migraine, epilepsy, tight neck-brand, cerebral ædema due to sclerosis or arterial sclerosis, hydrocephalus, sinus thrombosis, cerebral haemorrhage, acute encephalites, cerebral abscess or tumors.

Turning to migrains—

Emotional disturbances may lead in certain temperaments to digestive disturbances and may cause it.

It sometimes happens that certain persons can take certain dietetic articles at times without bad effect, but at other times it brings on an attack of migraine. This points to the conclusion that an individual's digestion is not always the same.

Generally it may be stated that persons who do not live an outdoor active life but have a susceptibility to disease ought to take easily digestible food sparingly except such foodstuff to which they have an indiosyncrasy.

As migraine is due to toxins produced in the intestines as a result of faulty digestion it is desirable to assist digestion and assimilation and promote elimination of waste products by regular exercise, regular elimination of bowels and other hygienic measures.

Avoid food difficult of digestion like pork, veal, corned beef, rich indigestible or richly cooked foods.

Alcohol may be moderately used by some who disagree with others completely. Even a particular variety of wine may upset some individuals.

Moderate use of tobacco may be permitted but excess should be avoided.

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Vertigo

It is a symptom of different pathological conditions and therefore no uniform diet can be prescribed in each case. Thus it may be caused by—

(*a*) Structural Labyrinthine disease and lesions in that part of the cerebellum related to the labyrinth.

(*b*) Sea-sickness and its prototype Ear-sickness, caused by a functional disease of the labyrinth.

(*c*) Cerebral arterio-sclerosis.

(*d*) Neurasthenia, the so-called "anxiety neurosis."

(*e*) Intestinal auto-intoxication.

Naturally the diet in each case varies.

(*a*) *Vertigo* caused by structural disease of the Labyrinth and of cerebellum related to it.

When vomiting is absent diet is of minor consideration.

When vomiting is present, it is often distressing when any food even in small quantities cannot be retained. Often rectal feeding is necessary.

In every case digestion should not be too severely taxed, even if there is no vomiting by too liberal or too rich food. Alcohol, tea, coffee, and tobacco should not be permitted as these tend to produce more or less cerebral conjestion and intra-cranial pressure and may aggravate the condition.

(*b*) *Vertigo* caused by functional disease of the Labyrinth *e.g.*, sea-sickness.

Food should be given to the patient in the "lying at full length", not merely reclining posture in open air. It should be insisted to be taken by the patient too freely even if it is promptly vomited, for persistence in eating shortens the attack.

Strong tea or coffee, hot or iced, or champaigne often gives prompt relief.

(*c*) *Vertigo* caused by cerebral arteric-sclerosis, give a purin-free diet. Exclude all meat, may give a little chicken, avoid fatty fish, Nitrogenous vegetables like peas and beans. Coffee and tea, alcohol and tobacco should be forbidden.

(*d*) *Vertigo* caused by neurasthenia (anxiety Neurosis). It is dependent on variation in intra-cranial pressure

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and cerebral conjestion, often associated with indigestion. As the digestive powers are enfeebled great care should be taken regarding quantity of food. Food. difficult of digestion should not be permitted. Alcohol, strong tea and coffee should be avoided.

(*e*) *Vertigo* caused by intestinal auto-intoxication :—It is sometimes the only symptom to engage the patient's attention.

There should be limitation of quantity of food which should be further restricted to those easily digestible and assimilable. Measures should be taken to regularly free the bowels of toxic contents.

Alcohol, tea, and coffee should be used in moderation by those accustomed to it.

Alcohol in itself without intestinal putrifaction may cause vertigo in rare instances or when taken in excess.

Myalgia

Diet is of secondary importance and the general direction as for other inflammatory conditions may be followed.

Thus in acute inflammatory stage with high fever, no solid diet should be given, but liquid farinaceous, milk and its preparations.

When the acute condition subsides, a full nutritious diet should be prescribed gradually in the stage of recuperation.

In Locomator ataxy, gastric crisis (vomiting) comes and disappears suddenly. Rectal feeding should be resorted to if vomiting is persistent, in the beginning of which food should be stopped. It may be noted that character of the food has nothing to do with the crisis.

Neuralgias

This disease is produced by several causes in different sites, as follows :—

(1) Due to anaemia.
(2) Tic Douloureux.
(3) Due to arterio-sclerosis.
(4) Due to endogenous toxins as in diabetes, nephrites, etc.
(5) Due to neurites and peri-neurites caused by rheumatism, gout, etc.

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(6) Due to injuries of or pressure on Nerve trunks.

(7) Reflex Neuralgias as sciatica due to prostatic or uterine disease.

(8) Due to exogenous toxins *e.g.*, metallic poisons, tobacco, Alcohol.

As the diet must vary with the cause, no general dietetic rules can be laid down. Each case must be judged on the causative factor present.

Neuralgia due to anæmia

The diet should be full and plentiful as digestion permits, *e.g.*, milk, cream, egg, meat, vegetables, fish, bread, and butter *according to indications*.

Many anæmic people have feeble digestion which should not therefore be taxed by too liberal diet.

The same general rules of diet should be followed in case of Tic Douloureux, neuralgaias due to arterio-sclerosis of old people or to exogenous toxins.

Neuralgias due to endogenous toxins

In diabetes the rules of dietary should be followed as prescribed for the general disease.

In some severe cases of diabetic Neuralgias where sugar-free diet is followed by no relief, whiskey and water may be given.

In severe Nephrites, it is advisable to withhold the food for a few days and give lemonade to drink to relieve the neuralgia.

Neuralgia due to neurites and peri-neurites caused by gout or rhumatism.

Purin-free diet should be given in these cases, but in some cases, a moderate quantity of meat is often beneficial. The same is true of moderate Alcohol (personal idiosyncrasy). Exercise and free movement of the bowels are necessary in all cases. Sedentary people should take less liberal diet. Each case should be judged according to personal habits and idiosyncrasies.

Neuralgias due to injury or pressure require no special diet.

Reflex Neuralgias like Sciatica

Call for special diet when the general condition is so depressed that digestive processes are interfered with. Diet must be according to underlying morbid condition generally.

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NEURITES, SCIATICA

Diet depends in a great measure on the underlying or constitutional conditions. Nontraumatic neurites depends on the various toxaemias (exogenous or endogenous , poisons capable of producing inflammatory changes either in the nerves or their sheaths. Hence each case must be judged on its own merits.

The different toxins, endogenous and exogenous, causing Neurites, are as follows :—

(1) Due to metallic poisons or Exo-toxins which include Alcoholic Neurites.

(2) Due to endo-toxins (intestinal intoxication).

(3) Due to constitutional conditions *e.g.* Diabetic Neurites, Rhumatic Neurites.

ALCOHOLIC NEURITES

Of all the poisons introduced into the body, Alcohol should rank foremost as a cause of Neurites.

Alcohol should be withheld, unless its compfete withdrawal all on a sudden is dangerous, when it should be gradually reduced as quickly as possible.

Often there is associated gastrites and severe intestinal indigestion. Diet should be light nutritious and given in small quantities at a time. Meat preparations should be generally withheld.

If there are no gastro-intestinal complications diet should be general. Coffee, tea and tobacco should be moderately used, if there are habits.

In Alcoholic peripheral Neurites which is an organic Nervous disease, diet is of considerable importance. They may be emaciated or plethoric. The latter by a few day's rest in bed and abstinence from Alcohol rapidly lose weight due to neurites of the vagal branch to the lungs. The appetite is capricious and stomach irritable, adding considerably to the difficulty of dietetic management. Give milk diet, chicken or fish broth, beef-tea, later rice and chicken, gradually increasing to a generous diet.

Neurites due to metallic poisons e.g. Lead, mercury, arsenic, etc.

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Gastrites is often present and often so severe that rectal feeding may be resorted to.

Due to lead poisoning, gastrites is rare when diet may be general.

Neurites due to G. I. Purtrifaction

Diet must vary with the disease causing putrifaction in the G. I. Tract. Intestinal auto-intoxication is generally due to over-indulgence. Hence quantity of food should be regulated and all dietetic articles which produce putrifaction withheld, *e.g.* Nitrogenous food. Forbid those articles which delay, impede or arrest various digestive functions *e.g.* tea, coffee, alcohol. Rich food should not be allowed, being difficult of digestion. Patient should eat slowly and masticate properly, water should be taken sparingly during meals and freely at other times.

Diabetic Neurites

In extreme cases Allen's starvation method should be followed unless the patient is very thin. Ordinarily the neurites disappears on withholding starches and sugars for a few days.

Rheumatic Neurites

The diet suitable for the underlying condition Rheumatism or gout (purinfree diet) should be followed.

(To be Continued.)

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CORRESPONDENCE.

To The Editor,
THE JOURNAL OF AYURVEDA,
2, Harokumar Tagore Square,
CALCUTTA.

Dear Sir,

Kindly publish the above application in your Journal and oblige.
Thanking in anti ipation.

Yours faithfully,
Kaviraj Malik Ram Bhasin,
Bhera (Punjab).

AN APEAL TO AYURVEDIC PRACTITIONERS.

Dear Sir,

Ayurveda, the science of life, has now come to be recognised by the government. The educated persons who were first enamoured of everything Western are fast approaching its bounds having been hard hit by allopathic system in chronic and complicated diseases. Are we to be satisfied only with this ? Ayurveda still requires a lot of research work in its various branches before it becomes an international medical science. The Dayanand Ayurvedic College has taken a reasearch work in Tuberculosis, the Hindu University College is making researches into the uses of metals and their reduction, but alas ! they are all confining themselves into their own circles and their progress is very slow though steady. Now when there is enough of Ayurvedic Colleges and Hospitals in India, may I resquest through your Journal, to the heads of these institutions which have indoor and outdoor departments attached to them to publish their clinical cases and their experiences in the Journal of Ayurveda for the benefit of the suffering humanity and service to the cause of Ayurveda, Let us falsify the old taunt thrown upon us for confining everything to ourselves and let us show to the world that we have no secret remedies but everything methodical and scientific.

I once wrote to late Kaviraj A. C. Bisharad and requested him to get clinical cases regularly for publication but he replied that they are hard to get as the Ayurvedic practitioners and specially the orthodox section are quite unwilling to open out their experiences. This is certainly not the way to uplift Ayurveda. Every one should throw his share for the onward march. The water in the well which stands still

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becomes rancid and that which flows is fit for use. Let us act according to this, and perform our duty to the uplift of Ayurveda—nay to our mother land.

May I also approach the editors and conductors to make the Journal still more useful by illustrating and giving regularly clinical cases of their own experiences too and bring the Journal to the standard of foreign Medical Journalism.

[Kaviraj Malik Ram Bhasin's appeal is in the right direction and we trust our readers and well-wishers will find their way to send us case reports and treatment of interesting cases for publication in the journal. We are ready to reserve a page or two for the purpose. We draw the special attention of Superintendents of Ayurvedic Colleges like Jaminibhusan Astanga Ayurvedic College, Benares Hindu University, Patna and Madras Ayurvedic Colleges to this particular point.—H. N. C.]

Health & Hygiene.

—:o:—

SOME ASPECTS OF MALARIA.

HOW TO SURVEY THE DISEASE

There is a popular belief, that freshly turned soil is responsible for malaria by allowing poisonous air to escape from the soil. This belief is particularly associated with large poineer works, *e.g.* railway construction work, pioneer settlements, etc. The cause of outbreaks of malaria, which is a constant attendant of such ventures, is no doubt due to digging of the soil, but it must be stated that such diggings by themselves are not harmful as long as you could insure against anopheline breeding in them and also make certain of a clean, healthy, malaria-free labour force. The possibility of obtaining such a labour force is very doubtful in the tropics. Such constructional enterprises, therefore, bring into play two factors responsible for the spread of malaria—(1) favourable breeding places for anopheline mosquitoes; (2) a mixed body of non-immune and relatively immune lobour force—the latter consisting of a fair proportion of human carriers of malaria—all confined to within a relatively small area. So we have the Anophelines (all Anophelines, however, are not carriers), the human reservoir (*i.e.*, the body of relatively immune men) of the malaria germs and lastly, the healthy non-immune, easily susceptible to malaria group of men. The chain of transmission is complete and little is required to set the ball rolling.

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MALARIA SURVEYS

In so far as a disease incidence survey is concerned, the securing of a qualitatively good sample is achieved by the inclusion in the sample of individuals who are similar to the population at large in respect of all those population variables which are known to influence the epidemiology of the disease in question. Aside from any local or specific problem at all, the most important factors are : (1) Age ; (2) Sex ; (3) Race ; (4) Occupation ; (5) Geographic location. It is definitely known that the age of the individual involved plays a very important role in the epidemiology of malaria. It is common knowledge that even within areas small enough for exposure to infection to be considered uniform, the incidence of the disease will vary greatly among the different age-groups. The younger age-groups, *i.e.* up to twelve years of age will show a greater degree of manifestation of present malaria (in the form of enlarged spleen) than will be found among the older subjects. Of the other factors mentioned, geographic location is the most important, and it will be dealt with here. While the dissemination of the causative organisms of typhoid fever, cholera, etc. depend upon the unconscious co-operation of the source of infection and the fortuitous distribution by means chiefly dependent on human intercourse and relationship, the dissemination of the parasites of malaria depends upon the active pursuit of the human species by members of the female sex of a definite group of mosquitoes. Adaptation has eliminated certain of the hazards of dissemination, but at the same time has introduced certain additional complexities. The degree of proximity of the production area of a susceptible species to the locality or habitation, where a blood meal may be secured is an important factor in maintaining a high intensity of malaria among the members of that locality or of the immediate vicinity.

TOLERANCE OR IMMUNITY TO MALARIA

The defensive mechanism of man is highly complex, and it is only natural to find that, however slight a foreign invasion in the blood or body be, there is set up at once a protective mechanism which is the main front line of attack against the intruder. While the front line is defending the host from being totally overcome, other agencies are set about either (1) to prevent similar aggression of the same enemy or (2) to make the best of circumstances. The first could be called immunity and the second tolerance. In many cases of malarial infections, a relative tolerance to the malarial parasite is established after a certain period of time and correct treatment. Such freedom from further incursions into healthy cells depends upon factors such as (1) improper diet, (2) excessive fatigue, (3) exposure to chills, (4) any intercurrent debilitating disease, etc. The ordinary individual, however, recovers from an attack of fever,

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and unless he protects himself, is liable to fresh infections of the same disease. Almost universal susceptibility exists at birth and the individual continues susceptible except when he acquires an infection. It is, therefore, clear that the crux of the problem is this—to attack the enemy after the fullest investigations, without any pre-conceived notions and with overwhelming forces.

THE PINE-APPLE.

ITS MEDICINAL PROPERTIES.

Pine-apple is a well-known fruit in India. Its scientific name is *ananassa sativa*. Its popular Bengali name is derived from ananas. It is a collective fruit or sorosis and a native of tropical America like the papaw, It is found to grow wild in the sanday maritime districts in the N E. of South America. The Portuguese are said to have brought this plant to this country in the year 1594 Its introduction in Europe is also of later date. From Holland it was introduced into England in 1690. In these countries it is grown in hot-houses where the tropical warmth was formerly artificially generated by pine-stoves burnt with oak-leaves and dried dung and which is now replaced by hot water pipes laid along the lines of plantations. It thrives best between 70 deg. and 80 deg. of temperature in equable climate and in places where dry and rainy seasons alternate. In Bengal, peasants do not seem to take any great pains in its cultivation and hence it is found to lose in taste and flavour like the wild species of tropical America. I may here mention some of the best fertilizers of the soil for its growth as it requires good manures in every time of its plantation. Dried blood, nitrate of soda, ground bone, carbonate and sulphate of potash, cotton seed meal, the refuse of cowsheds, decomposing leaves and dungs are its best manures. A handful of tobacco dust placed on the crowns is found to be very effective in destroying vermins, etc

It improves with careful cultures as is testified by the hot-house pine-apples of England which are better in taste than those imported from the W. Indies. Its principal fields are the W. Indies, Florida, N. Africa, Queensland, Hawan, the Azores and the Canary Islands, Singapore, the Philipines, etc. In Bengal the pine apples of Sylhet and Jessore taste exceedingly sweet. Some of the best American varieties are the "Smooth Cayenne," the "Black Jamaica", the "Queen", etc. Pine-apples owe their sweet flavour to the presence of butyric ether in natural state.

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PINE-APPLE IN LITERATURE

The pine-apple is celebrated not only in the poem of the Bengali poet Iswar Chandra Gupta but Evelyn in his diary has made it famous where the celebrated chronicler mentions of tasting one from Barbadoes at the the tabe King Charles II. This is pehaps the first mention of the fruit in English literature. A pictuse in the Royal Horticular Society of London represents the Royal Gardener presenting on bended knees the first pine-apple grown in Britain. Of course it deserves the panegyric which the Bengali poet and others have bestowed upon it, for apart from its sweet taste and flavour it excells in several medicinal properties which I like to dwell upon for the benefit of readers.

MEDICINAL USES

The first and foremost use of ananas as a medicinal fruit is found in cases of diphtheria where the gullet of the patient should first be cauterised with the milky juice of green papaws every quarter or half an hour at first and then after longer intervals. The milky juice can be obtained by cutting the top of green fruits. A slice of green papaw should also be given to the patient to be chewed with salt of which the juice should only be swallowed. Meanwhile the patient should also be given the juice of pine-apple which should be sipped all day. The first part of the remedy may not be needed longer than a day or two but the pine-apple juice should be continued for 5 or 6 days. This with other necessary precautions will check the diphtheric growth miraculously. Pine-apple juice is most efficacious in many other throat troubles as the juice dissolves the fleshy tissues. For boys suffering from throat troubles teaspoonful doses of ripe pine-apple juice should be given slowly. It clears the throat and makes swallowing easier. In bronchitis pine-apple juice is excellent for softening the mucus. In Cuba it is highly esteemed as a mild laxative. From pine-apples chemists have separated a crystalline substance called mannitol which is used in compounding medicines for throat and lung-troubles. The juice of pine-apple also aids in the digestion of proteids. It is also a powerful digestant of albuminous matters. Together with mannitol chemists have also separated its digestant property which is closely analogous to pepsin and is known as bromelin. It also acts strongly in the intestines killing worms therein. The juice of its leaf administered with lime water is a powerful antidote for worms. It is also valuable from an economic point of view like bananas and cocoanuts; for various other products such as fabrics, rums etc. are manufactured from it. Beautiful pine-apple cloths are largely manufactured in the Philippines and add no les to the income of the Filipinos. I have dealt in short with the three aspects of this plant and hope its cultivation may be encouraged on a wide and improved scale.

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RAVAGES OF MALARIA.

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CORPORATION'S TASK.

Anti-Malaria Societies.

That malaria which has been depopulating the villages of Bengal has also got the city of Calcutta within its grip will be apparent to the casual reader of the vital statistics of the city. Medical practitioners of the town also bear testimony to the fact that malaria is on the increase during recent years. In their annual report, the Calcutta School of Tropical Medicine has also drawn attention to this fact. The old Corporation maintained a Mosquito Brigade for Anti-malarial work but there was something wrong in the working of the Brigade. Otherwise we cannot explain the action of the old Corporotion in disbanding the Brigade in 1923 inspite of the protests of outside experts including Dr. Bentley, the then Sanitary Commissioner of Bengal, who went so far as to say that "If you stop this work, your city will be pilloried throughout the world as the most ignorant city lapsing into barbarism". From 1923 upto this time, there has been practically no anti-mosquito work or anti-malarial work carried on by the Corporation.

Mosquito Brigade.

The coincidence may be curious but it is a fact that since the abolition of the Mosquito Brigade in 1923 there has been an appreciable increase in mosquito as well as in malaria in the city and suburbs of Calcutta. The death-rate from malaria has risen from 1.3 per thousand per mille in 1923 to 1.6 in 1926. Dr Harendra Nath Das, Councillor Ward No. 8 brought the matter before the Corporation sometime ago urging that some action on the part of the Corporation was immediately called for if they wanted to check the rapid progress of malaria all over the city. The visit of Sir Ronald Ross and his illuminating address as to how other countries had got rid of malaria had the effect of focussing public opinion on the problem. One tangible effect was the increasing of the Corporation Budget grant from Rs. 20,000 to Rs. 30,000 for anti-malarial work for the current year. The sum may appear to be ridiculously small but it must be remembered that anti-malarial work is in the experimental stage so far as Calcutta is concerned and City Fathers naturally fight shy of spending a large sum of money on mere experiment. The Corporation referred the matter to the Public Health Standing Committee directing them to formulate a scheme to be put into operation in course of the year. Dr. H. N. Das, the first mover in the matter, prepared a scheme for the consideration of the Committee and the Health Officer too submitted another scheme.

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ANTI-MALARIA SUB-COMMITTEE

Both the schemes were put up before a Sub-Committee of the Health Committee consisting of medical men like Dr. Haridhan Dutt, Dr. H. N. Das, Dr. B. C. Ghosh, Dr. S. C. Seal, Dr. S. C. Sarkar and Dr. Adyanath Chatterjee. The Sub-Committee at the outset decided that anti-malarial work must necessarily include anti-mosquito work. So the Mosquito Brigade has got to be revived but it must work under strict departmental supervision. The second point settled by the Committee is that anti-malarial work must at first be confined to a small area. Calcutta at present with the areas newly added to it is so vast that it would be simply throwing money away to attempt to carry on anti-malarial work all over the city with Rs. 30,000. The work is to be taken up as an experiment and if it succeeds, the Corporation will be justified to make a larger grant so that the scope of the work may be extended. It was suggested that along with the work of the Mosquito Brigade, the Health Officer must take every possible step under the Calcutta Municipal Act to compel the people to keep their house, land, drain, tank, etc. in proper condition so that they might not become the breeding ground of mosquitoes. Further to achieve tangible result, it was agreed that the Health Department, the Conservancy Department and the Drainage Department should be asked to co-operate where necessary. Otherwise a Mosquito Brigade by itself would be of no use.

On the report of the Health-Officer that Ward 19 (Entally), Ward 25 (Watgunj) and Ward 29 (Maniktala) were most affected by malaria, the Committee decided to open two centres for anti-malarial work—one in Wards 18 and 19 and other in Wards 24 and 25. As regards Maniktala, the Health Officer pointed out they could not tackle the problem of malaria there so long as the drainage system of the area was not improved. Maniktala contains 25 miles of open drain full of filth and stagnant water, 1500 insanitary tanks and dobas besides 1-3 square mile of low lying land where water accumulates during the rains. These are the breading grounds of millions of mosquitoes. It was however decided to make a grant of Rs. 2000 to the Sir Gurudas Institute, Narikeldanga for Sir anti-malarial work in a small area in Narkeldanga.

The "modus operandi" at the two centres will be as follows :—

1. The mosquito larvæ are to be killed by preventing stagnation of water outside and inside dwelling houses.

2. Jungles are to be cleared.

3. Insanitary tanks, dobas, cesspools etc. are to be cleared of vegetation and then treated at least once a weak with kerosene, pesterine, Paris green, etc. which kill the larvæ of mosquitoes.

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This attack on the breeding grounds of mosquitoes will have the effect of diminishing their number to a large extent. The next step which must be taken simultaneously with the first is to treat all the patients in the area infected with malaria with quinine. The result will be a decrease in the number of malaria patients so that the mosquitoes will not find enough malarial parasite to carry and spread from the infected persons to uninfected ones.

For the above work, the following temporary staff has been proposed for the two anti-malarial centres :—

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1 qualified Medical man with training in Entomology and tropical medicine on Rs. 90 per month with a cycle allowance of Rs. 10 per month	800
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12 Sub-Inspectors on Rs. 40 per month	3,840
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The cost will amount to Rs. 13500 for the remaining 9 months of the financial year. The balance of the grant of Rs. 30,000 namely Rs. 14,500 (Rs. 2000 being granted to the Narkeldanga Gurudas Institute) is proposed to be utilised for the purchase of quinine, kerosene, pesterine, paris green, equipment, implements etc. It may be noted that this anti-malarial work at the two centres will be carried on under the direct supervision of the District Health Officer of the Districts concerned.

Corporation's Duty.

The above scheme, it is expected, will shortly come up before the Public Health Committee and the Corporation for consideration. It is clear that the scheme touches only the fringe of the work. Much has got to be done by the people themselves. There is therefore enough room for propaganda work. Most of the people are so ignorant that they do not know the connection of malaria with mosquito. People must be told how malaria is spread from one infected person to others, how mosquito biting and mosquito breeding have got to be prevented. Then again the prejudice against quinine treatment has got to be fought. One would like therefore the appointment of a qualified medical man for propaganda work in connection with the above scheme for anti-malarial work,

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Notes and News.

BASED ON FALSE THEORIES.

Ayurvedic System.

SURGEON-GENERAL'S CRITICISM.

The triennial report on the Civil Hospitals and Dispensaries in the Bombay Presidency for the years 1923-25 has been published. The report contains some interesting figures regarding the extension of medical relief in the Presidency. The total number of institutions opened at the beginning of the triennium was 782. In 1924 about 130 private dispensaries in Kathiawar were omitted from the list as the province was transferred to the control of the Government of India. Thus during the triennium the number of institutions fell from 782 to 638. Of these the number of Local and Municipal Fund Dispensaries rose from 327 to 331.

The mean number of patients treated during the three years was 2,716,986 against 2,503,749 in the previous triennium, *i.e.*, 213,237 or 8·5 per cent. more than those in the preceding period. The increase was accounted for by both in-patients and out-patients. The number of women seeking relief at hospitals and dispensaries shows an increase. The average attendance of women at general hospitals and dispensaries was 526,579 as compared with 483,927 in the preceding triennium. The steady increase is attributed to the employment of women doctors at general hospitals. There are at present 3 women Assistant Surgeons and 11 women Subordinate Medical Service Officers employed in the department.

The schemes for the extension of hospital accommodation are progressing. The J. J. Hospital has been provided with a new out-patients department at a cost of over Rs. 4,72,000 and two new clinical laboratories. It is proposed to add about 300 more beds to the J. J. and allied hospitals in Bombay in the near future at the joint expense of Government and the Sir Leslie Wilson's Hospital Fund. The expansion scheme as at present contemplated consists of a new Children's Hospital of 100 beds; a pavilion of about 100 beds to the J. J. Hospital; rebuilding the Ophthalmic Hospital and increasing the accommodation from 73 to 100 beds; the extension of the Bai Motlibai Hospital by 50 beds, a new Isolation block for infectious diseases;

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and quarters for nurses, servants and other resident staffs, etc. Besides the above it has been proposed to build a second new pavilion of 100 beds in the J. J. Hospital from the Ellappa Balaram donation. The extension of the Goculdas Tejpal Hospital with a view to its being utilised as a post-graduate teaching institution is in progress. The scheme includes an administrative block to contain office, library, museum and an up-to-date X-Ray department and the new Prince of Wales Wards of 120 beds. The hospital will thus have in the future a total accommodation of 240 beds

The report concludes with an interesting note by the Surgeon General on the objections to the support by Government of the indigenous systems of medicine. Major-General Hooton discusses the arguments for and against the indigenous systems and explains the usefulness of the experiment of rendering medical aid to the rural areas through "Upacharaks" and comes to the following conclusions :—

"The Ayurvedic and some other indigenous systems did very good work in their day, but they are based on erroneous theories and cannot bear comparison with the modern system of medicine founded on recent advances in science. The remedies are largely secret and there has been no proper investigatlon of their active principles, or standardisation dosage.

"As regards the regular practitioners of modern scientific medicine and surgery, it is generally admitted that they are superior to any others. Where they cannot be provided—chiefly for reasons of expense—it is desirable to establish some inferior class of practitioner, and for moderate-sized villages, these may be on a part-time footing. It has been shown that primary schoolmasters can be very useful in this capacity at a moderate cost.

"To revert to any of the ancient systems of medicine would be a very retrograde step. They are not founded on scientific principles, and are entirely out-classed by modern scientific medicine. It is admitted that any revival of the ancient systems must be largely dependent on the assimilation of scientific knowledge. Ayurvedic medicine, on these lines, would be Ayurvedic only in name, and any such scheme would be an unworthy subterfuge.

"Apart from a revival of the Ayurvedic or other indigenous systems as such every effort is being made to investigate Indian drugs, and these should be utilised whenever it appears desirable to do so."

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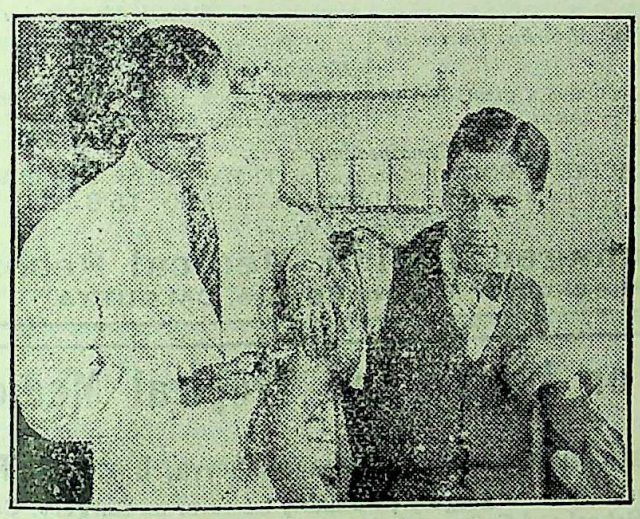

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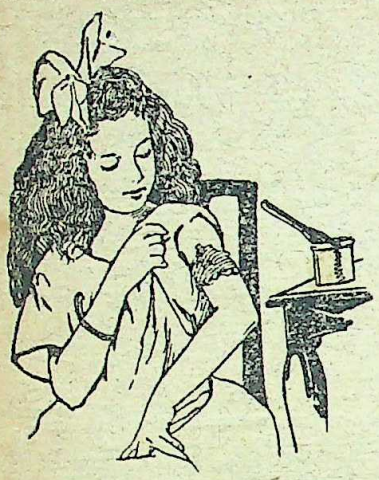

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The Journal of Ayurveda

or the Hindu System of Medicine.

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Kaviraj SHIBNATH SEN, B.A., M.B.

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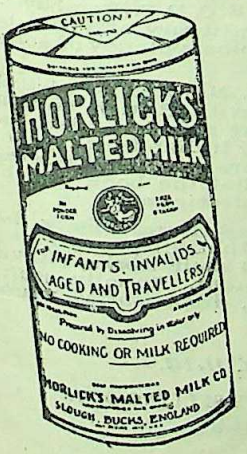

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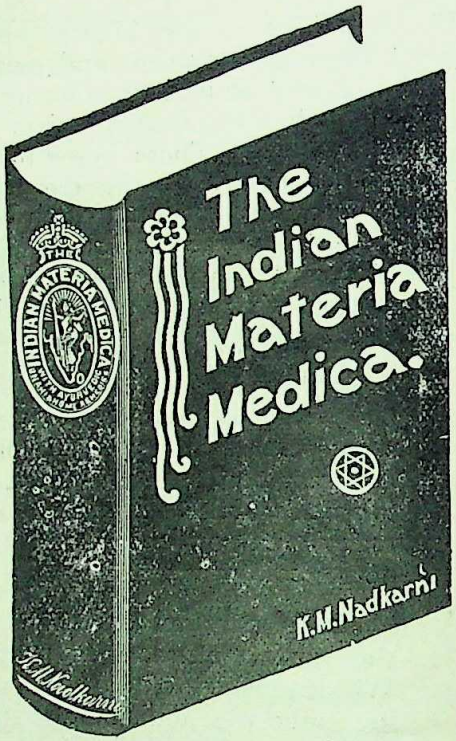

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THE JOURNAL OF AYURVEDA

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Opium Policy of the Government of India.

So the Government of India has moved in diference to the opinion of the League regarding temperance. Although temperance movement should include Alcohol, Canabis Indica, Canabis Sativa and some other intoxicating drugs besides opium, yet the attention of the Government has been directed towards the control of opium consumption and thereby its production in India.

The Committee appointed for the purpose of enquiring about the consumption of the drug and finding out means for its control has not yet published its report but it is busy collecting materials for the purpose. The enquiry consists mainly of the following heads :—

(1) Whether there are men below 40 who consume opium habitually for ailments which are not curable by ordinary medication.

(2) If there are adults who take this narcotic only for pleasure's sake.

(3) If all the cases of habitual eaters above 40 are genuine cases of ailments.

(4) How to put a stop to this drug-habit in cases of young and adult men under 40 and how to regulate the consumption of old men above 40

Thus the main object of the Committee centres round paragraph (4) above and provisionlly it has made out its programme and line of work as follows :—

(1) That persons under 40 requiring opium for use should apply for same with medical certificates to the effect that the drug is to be used purely for purposes medical.

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(2) That there should be a register of habitual eaters above 40, who will be supplied with the minimum quantity of the drug at some intervals.

(3) That the duty of the vendors selling the drug should be enhanced considerably in order to keep down the quantity of total consumption.

(4) That none other than the habitual eaters and those certified by medical men will be allowed to buy or eat the drug.

We appreciate the Government's noble attempt to control opium-consumption in India and thereby try to drive out an evil from our soil. But we fail to understand why opium, of all intoxicating drugs and liquors, should attract the attention of the Government, while temperance movement regarding liquors is finding favour not only in U. S. A. but in other civilised countries.

Apparently the object of the Government is quite laudable but a closer observation will bring out some facts which are for the benefit of neither India nor her children.

Opium, unlike alcohol, is indigenous to India and if by such control the trade suffers any loss, it is India that will suffer; whereas if such a ban is put on alcohol, many European Countries including Great Britain will suffer some loss which cannot be indulged in by the Government of India. Besides, opium habit is such a one that an addict will rather starve to death than not consume the habituated amount, whatever be the price. According to the new regime, price of opium will be more than double and although there is some apprehension of falling off in the number of new addicts yet, mathematically put, cent per cent of the present addicts with 50 per cent. of the amount consumed will bring the same revenue as at present; so that, financially there will be very little loss on the part of the Gaverment.

Again there is another side of the picture. It is an open fact that opium is mainly consumed by China, India including Burma, Ceylon and Italy in order of merit.

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Although the drug is required all over the world for medical as also other purpoposes, yet about 95 per cent. of the total production is eaten up by the countries named, in various ways such as, smoking, taken raw, and taken along with other narcotics, etc, so that if an attempt is made to control opium, it is China, India, Burma and Ceylon and partly Italy who will be the real victims of this restriction. It may be mentioned in this connection that Italy is an independent and rich country and can afford to get out unscathed out of this dearth but the position of the other opium-consuming countries is quite contrary, and one should not wonder if these countries suffer a great deal as a result of this sudden drastic change.

Every one knows that opium is largely used in medicines of every Pathy. There are preparations of which the number is legion, not only according to the present-day scientific system of medicine, but Ayurveda, the Hindu system of medicine, contains about 200 preparations containing opium. The price of such medicines will be consequently enhanced ; besides there will be a serious blow to the cause of Indigenous drugs if the Policy passes into an Act. Almost 99·9 per cent of Allopathic medicines are prepared in Foreign countries which are not under this opium-ban ; moreover medical certificates by *qualified* medical practitioners are easy of avail in cases of these medicines, as the manufacturers of this system of medicine have got their own doctors who are privileged to have recognition with the State. So that the manufacturers of these medicines have to face no other difficulty except the high price which they will not fail to charge proportionally on their productions.

But the case is entirely different with Indigenous Drugs. Here the Kavirajes are not recognised by the Government and they donot enjoy the same facilities with the Registered doctors professing scientific system of medicine ; so that the Kavirajes will have to approach doctors for the purchase of opium to be used in their

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medicines and if they fail in their attempt, they will have to give up the preparation of some of the most effective remedies of their pharmacopoeia and a consequent loss of their occupation will follow. Of the numerous diseases in which opium preparations are efficacious according to Ayurveda, the names of Asthma, Tuberculosis, Diabetes, Dyspepsia, Diarrhoea, Stomatitis, Rheumatism, Gout, etc. may be specially mentioned. From the list of the few diseases cited, one may easily guess how handicapped Indigenous system will be if opium is banished from its Pharmacopoeia.

The present opium Policy of the Government, therefore, is not to the interest of the Indigenous system. Besides the political aspect already mentioned, the Policy, if put into effect in its present form, will affect Indian medicine greatly and directly and the people indirectly. The policy might have been suggested to the Government for putting moral pressure to other non-opium growing countries.

As medical men, we have nothing to say about the politics of the Government but it should be our duty to vindicate our point. If the policy is to be put into effect at all, it should be amended sufficiently so that Indigenous system may not be affected in any way. We would suggest to the Government to add a clause to the proposed Act to the effect that Kavirajes be allowed to buy sufficient quantity of opium for their medicines at a reduced price so that the price of the medicines may not be unduly enhanced.

We appeal to our country-men as also to Kavirajes and those who love Ayurveda to take a timely note of the present Opium Policy and the detrimental effect it will have, if put into effect in its present form, on Indigenous medicine so that they may oppose the policy before it becomes a Law in order that it may be amended in favour of Ayurveda.

H. N. C.

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Original Articles.

HUMAN PARASITES IN THE ATHARVA VEDA

BY

DR. GIRINDRA NATH MUKERJEE, B.A., M.D., F.A.S.B.

——:o:——

II.

Now let us explain the three hymns of the *Atharva Veda* which contain description of the parasitic worms: *viz*, 11. 31 and 32, and v. 23 I have followed the Text, Kausika's practices, and Sayana's *Commentary* as in Sankara's edition of the *Atharva Veda Samhita*, printed at the *Nirnayasagara Press*, Bombay. I have also consulted the edition of *Atharva Veda Samhita* by R. Roth and W. D. Whitney, Berlin, 1855.

These Hymns have been variously translated by European scholars. I have attempted a list of such translations as far as possible:

Hymn II. 31.—*Translations*:

1. Kuhn, KZ xiii. 135 ff.
2. Weber, xiii, 199.
3. Ludwig, p. 323.
4. Grill, 6, 98.
5. Griffith, i, 71.
6. Bloomfield, 22, 313.

Hymn II. 32.—*Translations*:

1. Kuhn, KZ, xiii, 138.
2. Weber, xiii, 201.
3. Ludwig, p. 500.
4. Grill, 7, 1000.
5. Griffith, i, 72.
6. Bloomfield, 23, 317.

cf. Hillebrandt, *Veda-Christomathie*, p. 47.

7. Ruckert and Kreyenborg. *Atharwaweda* p. 14.

Hymn V. 23.—*Translations*:

1. Kuhn, KZ. xiii.
2. Ludwig, p. 501.

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3. Griffith, i. 226.
4. Bloomfield, 23, 452.
5. Weber xviii, 257.
6. Whitney, i. 261.

Hymn II, 31, Against Worms

Kausika : "इन्द्रस्य या महीं" इति सूक्तेन शरीरगतविविधक्रिमिरोगेषु तच्छान्तये घृतमिश्रान कृष्णचणकान् जुहुयात् ॥

तथा गोवालवेष्टितं शरकाण्डं संभिद्य अग्रीप्रताप्य आदध्यात् ॥ एवमेव रथ्यापांसुं सव्यहस्तेनादाय दक्षिणहस्तेन संगृह्य दक्षिणामुखः एतत् सूक्तं जपन् व्याधितस्योपरि किरति ॥

तथैव एतत् सूक्तं जपन् व्याधितो हस्ताभ्यां पांसुं मर्दयेत् ।
तथा अनेन सूक्तेन पलाशोदुम्बराद्याः समिध आदध्यात् ॥

तदुक्तं कौशिकेन । "इन्द्रस्य या महीति" खलाङ्गाम् अलगण्डुहननान् घृतमिश्रान् जुहोति । बालान् अभितकाण्डे सव्यं परिवेष्ट्य संभिनत्ति प्रतपत्यादधाति सव्येन दक्षिणामुखः पांसुम् उपमथ्य-परिकिरति संगृह्यात्यादधाति" इति [कौ ४, ३] ॥

बालकमसिकाण्डं । The Mss. of Kausika : बालाङ्कलाषिकाण्डे, where Darila explains क्रिमीणां बालान् गृहीत्वा । कल्माषवर्णे शरे ॥

II. 31 *Against worms* : *Commentary* : Worms as cause of various diseases is a popular notion with the Hindus. Jivaka, the famous Buddhist surgeon, is said to have performed a cranial operation and extracted worms from the brain of the patient and thus cured his intense headache which defied the skill of all physicians.

The Kausika practices are :—

1. To kill the worms called *Algandu*, he offers black lentils mixed with ghee.

2. He winds the young of worms, from right to left, round upon a black-spotted arrow. This is the mode of extracting *Guinea worms* from the body of patients.

3. He next roasts the worms in fire, etc.

"Clinically speaking, the mode of treatment persued at the present day does not differ materially from the old method adopted by the Persian Surgeons, who extracted the worm by gentle and continuous traction, winding the exposed end of the worm round a small stick of ivory, bone or wood. If the parasite be ruptured, local and even severe constitutional mischief is apt to ensue"—T. S. Cobbold in Quain's *Dictionary of Medicine*, vol. 1, pp. 560-61.

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11. 31. 1 : Text—

इन्द्रस्य या मही दृषत् क्रिमीर्विश्वस्य तर्हणी ।
तया पिणध्मिसं क्रिमीन् दृषदा खल्वां इव ॥

Sayana : इन्द्रस्य देवस्य संबन्धिनी या मही महती । * * दृषत् पिनास्ति । तामेव विशिनष्टि । विश्वस्य सर्वस्य क्रिमेस्तर्हनी हन्त्री । * * तया उक्त प्रकारया दृषदा क्रिमीन् शरीरान्तर्गतान् सर्वान् क्षुद्रजन्तुन् सं पिनध्मि संचूर्णयामि । तत्र दृष्टान्तः । * * दृषदा पेषण्या खल्वान् चणकाणिव ॥

11. 31, 1 : *Commentary* : The connection of Indra with the science of Ayurveda has been described in detail in my *History of Indian Medicine*. vol I. pp. 99-110. पिनध्मि=Roth and Whitney read पिनष्मि which is to be preferred.

Translations :—

Bloomfield : With Indra's great mill-stone that crushes all vermin do I grind to pieces the worms as lentils with a mill-stone.

Whitney : The great mill-stone that is Indra's, bruiser of every worm,—with that I smash together the worms as *khalavan* grains with mill-stone.

My version : With the great mill-stone of Indra, that bruises all worms, I grind the worms, as lentils with a mill-stone.

II. 31, 2.—

दृष्टमदृष्टमतृहमथो कुरूरुमतृहम् ।
अलगण्डुन्सर्व्वान् छलूनान् क्रिमीन् वचसा जम्भवामसि ॥

Sayana : दृष्टम् चक्षुर्गोचरम् अदृष्टम् तदगोचरम् अन्तरस्थितं क्रिमिजातम् अतृहम् तृणेह्मि हन्मि । * * चथो अपि च कुरीरम् । कुरीरं आलम् । तद्वद् अन्तरस्थितं क्रिमिकुलम् अतृहम् । नाशयामीत्यर्थः । जानेव विशेषतो दर्शयति अलगण्डुन् इति । एतन्नाम्नः क्रिमिविशेषान् शल्गान् एतन्नाम्नश्च सर्वान् अन्यानपि क्रिमीन् वचसा मन्त्रेण [जम्भायमसि] जम्भायामः नाशयामः ॥

Commentary :

Drista and Adrista worms : For a discussion of the possible meaning of the terms, see page 97. In the *Analysis of a Thibetan Medical Work*, Csoma De Koros describes the worms as inward and outward, part III, 50 : "The curing of diseases arising from worms (in the belly or bowels) and insects are considered : cause and accidents, etc. four, with two descriptions inward and outward worms or insects ; as belly worms, lice and nits." Leidy in Pepper's *System of Medicine*, vol. II. p. 930, writes ; "Parasites are distinguished as external and internal. Sayana understands by

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the term *Adristam cakshuragocaram antaravasthitam i.e.*, invisible or internal.

अलगन्डुन्सर्वान्—Roth and Whitney read अलाण्डुन्त्सर्वा which is not recommended.

शलूनान् *Salunan* : Savana reads *Salgan* as the name of the worm. I have shown in a tabular form (Table IV) the different forms of the word as written in different text books of Ayurveda. It must be remembered that the ancients gave the name of *Solium* to the common human tape-worm as a collective species, which includes both the hook-bearing *T. Solium* and the hookless *T. saginata.*

Translations :—

Bloomfield : I have crushed the visible and the invisible worms, and the *Kururu*, too I have crushed, all the *Algandus* and the *Salunas* worms we grind to pieces with our charm.

Whitney : The seen, the unseen one have I bruised, also the *kururu* have I bruised ; all the *algandus*, the *salunas*, the worms I grind up with our spell.

My version : I have bruised the external and the internal worms, *Kururu* too have I bruised, and all the *Algandus* and the *Saluna* worms we kill with our spell.

The origin of the word "Solium" :—The origin of the word is uncertain, for the derivation from Solus (=Single) suggested by Andry (1700) is grammatically incorrect (on account of the letter 'i') and is as obviously made to suit the case as is also the derivation from *Solium*—a throne,—a word which suggested the solitary occurrence of the tape-worm (*Taenia Saginata*), a fact of which we find a hint even in Hippocrates. The hook-hearing *T. Solium* often occurs in groups.

"In order to ascertain so far as possible the etymology of the strange appelation, I sought" writes Leuckart, 'to interest my honoured friend and colleague Dr. Krehl, Professor of the Oriental languages at Leipzig, in the question, and to my great joy, have received from him the following explanation :—

"It is impossible," writes Krehl, "to derive the word '*Solium*' from the classic languages, and we are further directed towards the Oriental tongue by the fact that both in Arnoldus, who translated several works of Avicenna, and in his predecessors, a knowledge of them may be assumed. One naturally thinks first of Arabic ; but none of the words by which the Arabs designated

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the tape-worm—for example, *Dud* (worms), or *chabb-al-kar'i* (properly gourd-seed) agrees in sound with the word *Solium*.

"But as the Jews in the East and in Spain frequently busied themselves with the practice of medicine, or more generally, with medical studies, Hebrew might be referred to; but with its *Kôkejanîn* or *Kirsa* or *Dûrê* (perhaps *Dûdê*), it supplies nothing that mighet serve as an explanation of the word *Solium*. Under these circumstances I should like to offer as explanation the certainly somewhat remote Syriac word for the tape-worm, namely, *schuschl-e* (properly "chains"), which is sufficiently attested by Bar Bahlûl (see Payne-Smith, "*Theasurus Linguae Syriacae* i. 317, infr. s. v. *Askârîdes*), and by Ferrari ("*Nomenclator Syriacus*", p. 651).

"Medical science had reached a high development in Syria, and the Arabians doubtless first received from the Syrians an exact knowledge of the writings of the Greek physicians, and of the natural sciences. In this way, the word would come to be used with the special meaning by the Arabians, and through them by the French or Spanish authors of the Middle Ages. The phonetic transition from the original *Schuschl-e* (*é* is only the plural termination) to *Solium* might be thus explained. Among the Arabians it would be changed into *Susl* or *Sosl*, and among the romance authors it would loose the second *S*, first in pronunciation, and then in writing, just as the disappearance of the *s* before consonant can be proved in *meme* (for *mesme*). *île* (for *isle*), *maitre* (for *maistre*), etc. Sylvius says in his "*Isagogue*"—"*S* ante *t* et alias quasdam consonantes in media dictiona (that is to say, in the middle consonant) rare ad plenum, sed tantum tenuiter sonamus et pronunciando vel elidimus vel obscuramus." (Leuckart—*The Parasites of Man*, pp. 411—12).

The word "*Solium*" is mentioned for the first time by Arnoldus. Villanovanus (1300) who derives it from "*Cingulum*" (belt or chain), *i.e*, from the chain-like form of the worm. Andry (1700) derives it from "*Solus i.e.*, "single", from the supposition that the worm occurs singly. But we know that the worm may occur in groups. Leukart and Krehl consider the origin of the word to be the Syriac word "*Schuschl*", as described above.

But unforeunately Krehl did not search for the root of the word in the Sanskrit language. In the *St. Petersburgh Dictionary*, Vol vii. p. 109, we find the word "Salun." Reference is given there to the *Atharva Veda*, but it is explained as an

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insect which is evidently inaccurate ; (Salunam. ein best Insect AV. 2. 31. 3) It is Simitarly described in Monier Williams' Sanskrit and English Dictionary. The root *Sala* in Sanskrit means motion and is so written in the *Savdakalpadruma* of Raja Radhakanta. The root has a reference to the perpetual change of form of the body-segments or metameres of the tape-worm, and to the movements of the adult worm in men. In the later medical literature in Sanskrit we do not always find the word, *e.g.*, *Saluṇa* is not the name of any worm in the list of Sushruta. In the *Charaka Samhita*, it is written as *Saluvaka* (*Bangabasi* edition) or *Sasulaka* (Satis Chandra's edition). The term, however, occurs in Vagbhata's *Astangahridaya Samhita* (Kunte's Edition and Vijayaratna's Ed.). Madhava Kara has the form *Sasuna* in his *Nidana*. Sayana quotes a different reading for *Saluna* as *Salgan*.

But the chief difficulty consists in not finding any word corresponding to *Saluna* in Arabic or Persian. Paulus Aegineta mentions the worm to be common in India. He mentions Tape-worm and Guinea-worm to be common in India and Egypt (Vol. 11. p. 150). It is not, however, necessary always to suppose that the knowledge of Indian medicine must have passed from the Hindus through the Arabians to the Greeks. Paulus (7th century) mentions the names of Charaka and Susruta. The medical science of India might have passed through the Persians to the Greeks in very early times. (See *Surgical Intruments of the Hindus*, Vol. I. p. 249-50).

But I do not claim the word *Saluna* to be the original of the term *Solium*, simply on its phonetic value. The descriptions of the two worms *Saluna* in the *Atharva Veda*, and *Solium* of the mediaeval and modern zoologists coincide with wonderful similarity.

अल्गण्डुन् हण्मि महता वधेन दूना अदूना अरसा अभूवन ।
शिष्टानशिष्टान नितिरामि वाचा यथा क्रिमीनां नकिरूच्छिषातै ॥

Sayana : अल्गण्डुन् शोणितमांसदूषकान् जन्तुन् महता प्रभूतेन वधेन हननसाधनेन मन्त्रौषधादिना हन्मि । * * ते च दूनाः मत्कृतौषधादिना परितप्ताः अदूनाः अपरितप्ताश्च ये सन्ति ते सर्वे अरसाः शुष्का निर्जीवा अभूवन् । * * तथा शिष्टान् । कान् । अशिष्टान् प्राग् अहतान् क्रिमिविशेषान् वागमन्त्रेण नितिरामि निहन्मि । * * यथा येन प्रकारेण क्रिमीणां नानाविधानां मध्ये कश्चिदपि नकिः उच्छिष्यतै नैवोच्छिष्यात् । तथानि तिरामीति सबन्धः ।

Commentary :- अल्गण्डुन् *Algandun* : This is the name of the worms which are drawn down by means of *mantras*, then burned to make them sapless. The descriptive terms used in the next stanza leave no doubt that Guinea-worms are referred to by the

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Algandun. Sayana describes it as a worm that defiles the blood and flesh,—*Sonitamamsadushakan*. Roth and Whitney read अलाण्डुन for अलगण्डुन्।

Translations:

Blooomfield: The *Algandu* do I smite with a mighty weapon. Those that have been bruised, have become dovoid of strength. Those that are left and those that are not left do I destroy with my song, so that not one of the worms be left.

Whitney: I smite the *Algandu*, with a great deadly weapon; burnt (or) unburnt, they have become sapless; those left or not left I draw down by my spell, that no one of the worms be left.

My version - I smite the *Algandu* with a mighty death-blow: burnt (or) unburnt, (they) have become sapless. Killed or not killed, I destroy them with my spell; that not one of the worms be left.

II. 31. 4.

अन्त्रान्त्रं शीर्षण्य मथो पार्ष्ण्यं क्रिमीन्।
अवस्कवं व्यध्वरं क्रिमीन् वचसा जम्भ यामसि॥

Commentary: In this stanza, the habitat of the worms in man is described: viz.. Intestines, cranium and heel.

Anvyantram अन्त्रान्त्र the intestinal worms. Roth and Whitney read अन्त्रान्त्रा—*Anvantryam*. As examples of intestinal worm, the *Gandupada* or round worm is well known. It was known to the ancient nations. On the prevalence of intestinal worms amongst the hill people, see the Report by Dr. Purves, Civil Surgeon of Darjeeling in *Bengal Sanitry Report* for 1877. "The prevalence of round worms is no doubt chiefly due to the impurity of the drinking supply." "A Bhootia patient in the dispensary vomited 39 ft. of tape-worm."

Sirsanya (शीर्षण्य): Sayana explains it as शिरसि भवं or cranial worms. *Guinea worm* is rarely found in the scalp. *Cysticercus cellulosae* has been reported to be more commonly present in the brain of patients. See *Cysticereus Cellulosae in the Central Nervous System, with an account of two cases*, by Rupert Waterhouse, *Quarterly Journal of Medicine*, Vol. VI., p. 469. Griesinger first described it upon the basis of 56 cases.

Parsneyam—पार्ष्ण्यम्: *Parsni* is heel (see Hoernle's *Osteology*, p. 128). In a similar sense it has been described in II. 33:

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Parsnibhyam—Padayoraparabhagabhgabhyam or ankle or heel. *Parsni* is *Padagranthadharah* or ankle. But nowhere do we find its meaning to be 'Ribs' as explained by European translators. The Guinea-worm emerges at the following sites : foot or ankle 70 per cent., leg 10%, trunk, arms, hands ; and rarely tongue, eyelids, face and scalp.

Avaskavam (अवस्कभम्) :—Sayana explains it thus—*Avanga manasvabhavam i. e.*, the tendency to move downwards. This tendency of downward movement is found in a marked degree in the habit of the Guinea-worm.

"When the parent dracanculus approaches maturity, she begins to move slowly through the tissues first, and in 90% of cases, in a *downward direction* until her head arrives at foot, ankle, or leg." Albutt and Rolletson, *System of Medicine*, Art. *Parasitic worms*, Vol. II., part II, p. 922.

"The reason why instinct leads the dracanculus to descend to the foot or ankle before beginning to empty her uterus is obvious. These are just the parts of the body which, in a warm climate, and in natural conditions, are most likely to be brought in contact with water. The reason why the extrusion of embryos is provoked by contact of the limb with water is equally obvious, for the next step in the development of the embryo is made in this element. It is true dracanculus sometimes reaches the surface at other points of the body, but such an event is comparatively rare". *Ibid.* p. 923.

For a more detailed description of the movement of the worm in downward direction the reader is referred to the following articles :— *Observations on dracanculus or guinea worm*" by L. W. Stewart in *Ind. Ann. of Med. Sc.*, 1858, p. 83—96. "*The Treatment of Guinea worm*" by H. M. Greenhow, *Ibid* April, 1856. "*A Note on the Treatment etc.*" *Ibid* Vol. VII., 1861, p. p. 31-2. "*A few remarks on Guinea worm*" by J. Balfour, *Ibid* Vol. VI., pp. 175-6.

Translations :

Bloomfield : The worm which is in the entrails, and one that is in the head, likewise the one that is in the ribs, *Avaskava* and *Vyadhyara*, the worms, do we crush with (this) charm.

Whitney : The one along the entrails, the one in the head, likewise the worm in the ribs, the *avaskava*, the *vyadhvara*—the worms we grind up with our spell.

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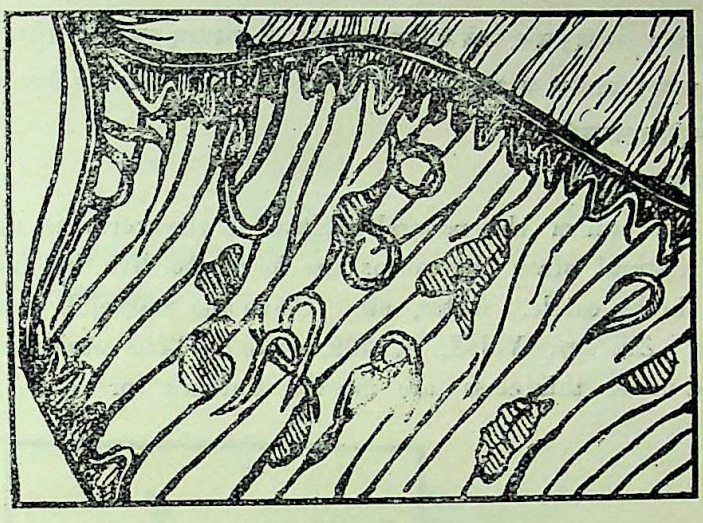
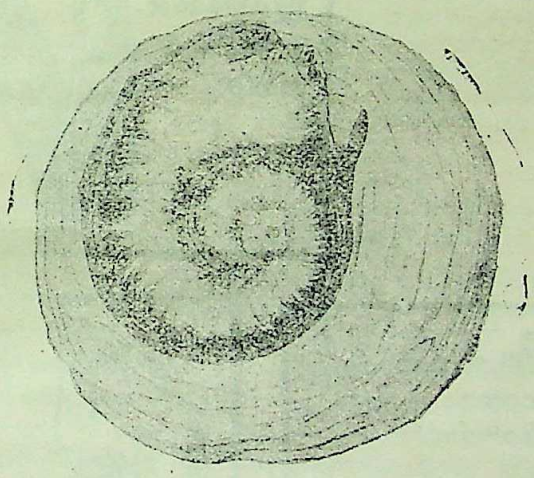
My version : The intestinal and the cranial worms, likewise the worm in in the heel, the worms that go downwards and make many exits,—the worms we grind up with our spell.*



Hookworms *in situ* in the intestine. The shaded patches are places that have been injured by their fites. (After Bentley.)



Bladder-worm from the brain with a spirally coiled body (x 12) After Leuckart.

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* Sayana's Commentary : अन्वाल्वम् अनुक्रमेण आल्वेषु भवं क्रिमिजातं शीर्ष्ण्यम् शिरसि भवं च। अयो अपि च पार्ष्ण्यम् पार्ष्णिभवं क्रिमिम्। एतान् उक्तान् क्रिमीन्। जम्भयामसीत्युक्तरत्र संबन्धः।

अवस्क्रवम् अवाग्गमनस्वभावं। अन्तरन्तः प्रविश्य वर्त्तमानम् इत्यर्थः। व्यध्वरम् विविधमार्गोपेतम्। नानाद्वाराणि कृत्वा तत्र गच्छन्तम् इत्यर्थः। यद्वा ध्वरो हिंसा। विविधरौषधादिभिरपि न विद्यते ध्वरो यस्य स तथोक्तः। एवं नानाजातीयान् सर्वान् क्रिमीन् वचसा मन्त्रेण जम्भयामसि जम्भायामः॥

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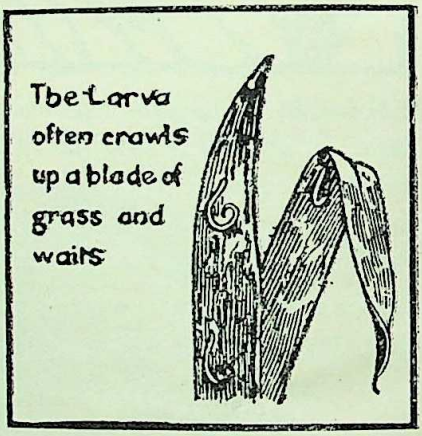
II. 31. 5.

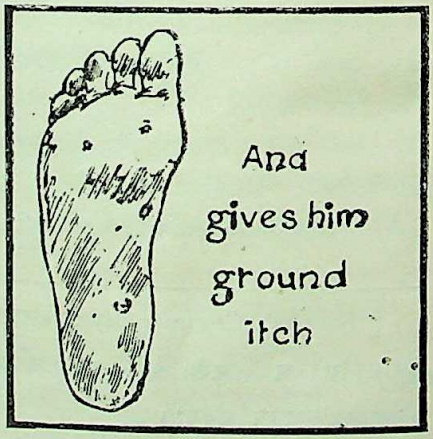
ये क्रिमयः पर्वतेषु वनेष्वोषधीषु पशुष्वप्स्वन्तः ।
ये अस्माकं तन्वमाविविशुः सर्वं तदग्नि जम्भयामि क्रिमीणाम् ॥

Sayana : पर्वतादिषु अन्तः मध्ये ये क्रिमयः स्थिताः ते अस्माकम् तन्वः तनूः शरीराणि आविवशुः व्रणसुखेन अन्नपानादिहारेषु वा प्रविष्टाः । सर्वम् निरवशेषं तत् उक्तविधं क्रिमीणां जम्भ जन्म उत्पत्तिमेव हन्मि नाशयामि ॥

Commetary :

In this stanza the natural habitat of the worm is described. In the natural state the worms are found to live in mountains, woods, herbs, cattle, water, etc. Claus and Sedjwick in the *Text Book of Zoology*, Vol. I, p. 309 write :—"The series of worms included under this class are mostly Entozoa, or else live in





(After Bentley.)

the mud and beneath stones in water." Lloyd in his *Introduction to Biology*, p. 83, says : "The Platyhelminthes occur in

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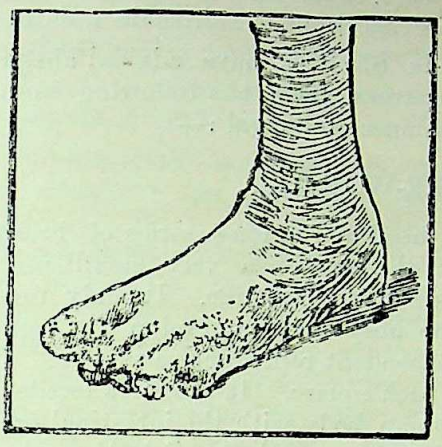
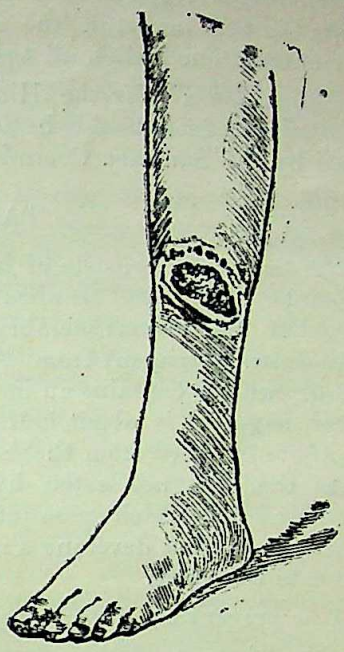


"Ground-itch" or "water-sores" as it occurs among coolies in tea gardens.



Indolent ulcers which occur on the leg as the result of mass migrations of young hookworms beneath the skin. These ulcers are exceedingly common among tea-garden coolies.

(After Bentley.)

various circumstances; in the sea, in fresh water, among moist vegetation, or as parasites upon or within other animals."

As regards the mode of entrance of the parasites into the human system, Sayana writes—*Vranamukhena annapanadidvarena ba i.e.*, "through wounds or through food and drink." Leidy writing about the intestinal worms in Pepper's *System of Medicine* says: "Entozoa commonly gain access to their hosts through food and drink, though in case of acquatic animals they also obtain entrance directly through the integuments from the surrounding medium"

We here find that the ancient sages knew that worms were capable of being transmitted into human beings through food and drink and directly by contact with the skin through animals, plants and water.

Translation:

Bloomfield: The worms that are within the mountains, forests, plants, cattle, and the waters, those that have settled in our bodies, all that brood of the worms do I smite.

Whitney: The worms that are in the mountains, in the woods, in the herbs, in the cattle, within the waters, that have entered ourselves,—that whole generation of worms I smite.

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My version : The worms that are in the mountains, in the woods, in the herbs, in the cattle, and within the waters,—that have entered our bodies, all the generations of worms do I smite.

The reasons why the Hindu Shastras have advised abstention from animal food would be apparent from the following summary issued by the Sanitary Commissioner of Bengal :—

TAPE-WORM.

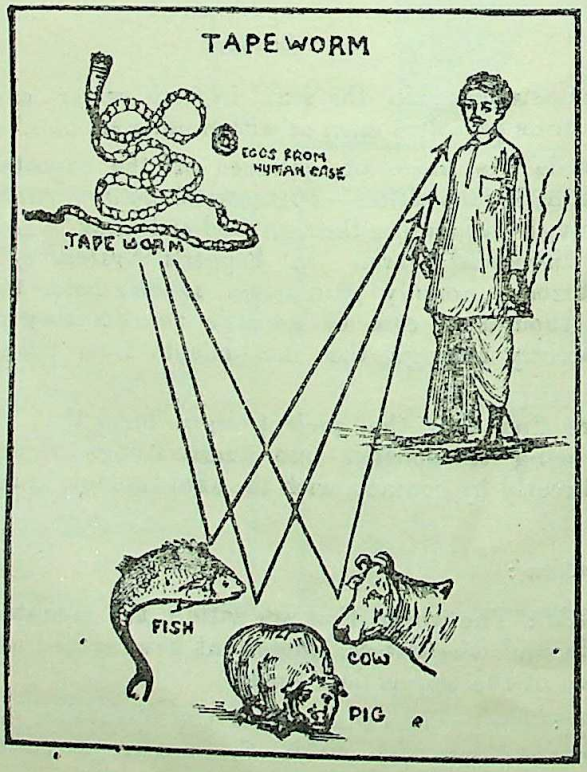
"A tapeworm consists of a head and a long series of broad flat segments. The head is about the size of a very small pea and is fixed to the mucous membrane of the intestine. Its only function is to draw nutriment from the hosts and to develop the segments each of which contains an independent reproductive system. Each mature segment is about half inch square. It produces fertile eggs which are expelled from the human body with the intestinal excreta. When the eggs are eaten by swine, cattle, or fish, they develop into new heads which pass into the blood-stream and lodge in the muscles. A head develops a new tape-worm in the body of a person who eats the meat.

The prevention of tape-worm consists in three measures :—

(1) The cure of the affected person.

(2) The disposal of human excreta in such a way that pigs, cattle, or fish cannot have access to them.

(3) Cooking meat and fish, or thoroughly salting or smoking that which is to be eaten raw."



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But it must be remembered that bovine and porcine cysticerci which develop *T. Saginata* and *T. Solium* respectively in man are little affected by salting and smoking. Exposure to a temperature of 150° F. is necessary to destroy them.

Leuckart discusses the possibility of transmission of parasites by the use of flesh as food—

"When flesh is eaten raw, as is the custom in Abyssinia and elsewhere, the possibility of transference requires no special proof..... It is thus sufficiently evident why *Taenia saginata* is found in young and old among the Abyssinians who eat raw beef, and why Europeans are also rapidly infested when they begin with to live *á l' Abyssinienne* Among civilised peoples, inspite of the prevalence of the custom of cooking food, there are yet bye-ways open for the introduction of parasites. Raw meat is prescribed by the physician in many diseases as a specially nutritious food. During the preparation of certain kinds of food (especially sausages and meat-balls) the raw flesh is tasted by the butcher, cook or housewife, in order to estimate the proper quantity of salt and pepper. Further, in this state it forms the favourite food of many persons, and even whole classes —*e. g.* the workmen of the manufacturing districts of North Germany. It may also happen that we may derive parasites from sausages or ham which has come into contact with infected pieces of flesh, or with living worms in the butcher's shop. The bladder-worm of the pig, or its head is often accidentally introduced in this fashion, especially since the butchers, knowing the law against the measly flesh, take the greatest care always to cut away and remove the parasites when they appear on the surface.

Cooking, even boiling and roasting is not a constant or sufficient protection against infection..... It has indeed been asserted and observed that living intestinal worms are occasionally found in boiled or baked fish.....Trichinous flesh is by no means thoroughly disinfected by the usual treatment, and as little by salting as by smoking. This statement, which therefore applies to salt pork, smoked sausage, and ham alike, has been corroborated both by observation and experiment, and thoroughly overthrows any faith in the harmlessness of the flesh we use as food.....But the heat and smoke and salt are wholly, though to different degrees, hurtful to the worms, their action must attain a certain intensity and last a certain time before the worms die .... We know of many and serious illnesses which have resulted from the parasites derived from ham or brain-sausage. The danger of partaking of such kinds of food is greater, since *Trichinia* sometimes remains living for months in masses of flesh so preserved.

"*Cysticerci* are killed by a temperature of 50° C, and therefore much sooner than the *Trichinae*. Their possible length of life in preserved foods is also shorter, rarely exceeding four or five weeks. But there is also here sufficient possibility of infection, which is indeed easy enough in the case of *Taenia saginata*, since beef is often eaten in a half-raw state, even after cooking.

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"We have mainly spoken of the pig and the ox, since these animals furnish the largest proportion of the food used by civilised peoples, and, so far as we know, are the most common sources of parasites. But we are also aware that other kinds of flesh may also infect us with parasites. Thus the goat harbours the cystic stage of *Taenia saginata*, though not so frequently as the ox; the sheep and deer sometimes contain the bladder-worms of *Taenia solium*. Further, we may find *Trichina* in the flesh of martens, foxes, rats, and hamsters which are here and there used as food.

"A bladder-worm is easily hidden among salad and vegetables, which we eat raw; and this is especially when they have grown in damp places, as is the case with water-cresses. Similarly, when eating roots, fallen fruit, etc., we may easily swallow worms, insects, and other small animals, without noticing it, and be infected with parasitic germs of various kinds; and where such creatures are eaten as food or as tit-bits, as happens especially among savage peoples, other methods of infection are obviously open.

"Under some circumstances, drinking water is the medium of infection. This is especially the case when the water is derived from ponds or reservoirs inhabited by numerous small organisma, or abounding in organic remains. Small Crustacea (*Cyclops*) swallowed along with the water transmit the Guinea-worm, which passes its early life in these animals.

"The older physicians were wont to emphasise the use of fruit and raw vegetables as the means of introducing certain forms of worms; and this is, in a certain sense, as we know now, perfectly justifiable ..... We have indeed every reason to suppose that along with raw vegetable food certain thread-worms (especially *Trichocephalus* and *Oxyuris*) very commonly find their way into man in the form of eggs, containing embryos (Leuckart—*Parasites of Man*, pp. 155—161).

II. 32. **Against worms in cattle.**

Kausika : "उद्यन्नादित्यः" इति प्रथम सूक्तेन गोक्रिमिम्यैषख्यकर्म्माणि संध्यावयोपि क्रिमियुत-व्रणमुखं दर्भैस्ताड़येत् ॥

II. 32, 1 :

उद्यन्नादित्यः क्रिमीन् हन्तु निम्रोचन् हन्तु रश्मिभिः ।
ये अन्तः क्रिमयो गवि ॥

Sayana : आदित्यः उद्यन् उदयं प्राप्नुवन् रश्मिभिर्व्यापनशीलैः स्वकिरणैः क्रिमीन् हन्तु हिनस्तु। निम्रोचन् अस्तं गच्छंश्च रश्मिभिः क्रिमीन् हन्तु। कुत्सयान् क्रिमीन् इति तत्राह। ये क्रिमयः गवि। जातावेकवचनम्। गोशरीरेषु अन्तः मध्ये सन्ति ॥

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Commentary : This hymn is a charm against worms in cattle (cows). The Kausika practices are to repeat the hymn at sun-rise and throw the *darbha* grass upon the cow.

Stanza I : That the worms are killed by the rays of the sun is indicated here. The rising sun and *Usas* (Dawn) generally dispel misery and disease. Compare vi. 52, where *Aditya* or sun is called the slayer of the unseen. The usefulness of sun-light in destroying germs of diseases is now well-known. Sunlight is in fact, one of our strongest aids in fighting the germ of tuberculosis. The efficacy of sunlight in the development of young animals is specially marked, and I remember that in our country only thirty years ago, the Bengalee mothers used to expose their little ones, duly protected, to direct sun-bathing. It is only in comparatively recent years that heliotherapy has been made the subject of scientific investigation and regulation. Rollier was the first to employ sunlight in the treatment of tuberculosis and there are now 32 clinics in operation in the Alps under his control. In American sanitariums mercury quartz lamps are now made which afford a light rich in ultra-violet rays which produce in a few minutes a sunburn similar to that which is acquired after several hours exposure to direct sun-light.

Translation :

Bloomfield : The rising sun shall slay the worms, the setting sun with his rays shall slay the worms that are within the cattle.

Whitney : Let the sun (*Aditya*), rising, smite the worms ; setting, let him smite (them) with his rays—the worms that are within the cow.

My version : May the sun rising, slay the worms ; may (the sun) setting slay with his rays, the worms that are within the bulls and cows.

II. 32. 2 :

विश्वरूपं चतुरक्षं क्रिमिं सारङ्गमर्जुनम् ।
शृणाम्यस्य पृष्टीरपि वृश्चामि यच्छिरः ॥

Sayana : विश्वरूपं नानाकारं चतुरक्षम् चतुर्नेत्रम् । सारङ्गम् शबलवर्णम् अर्जुनं शुभवर्णम एवं अनेकाकारं क्रिमिं शृणामि हन्मि । अस्य उक्त लक्षणस्य क्रिमेः पृष्ठीः पार्श्वयवानपि यच्छिरः शरीरान्तर्गतमांसादिभक्षकं प्रधानम् अङ्गं तदापि वृश्चामि च्छिनद्मि ॥

Translations :

Bloamfield : The variegated worms, the four-eyed, the speckled, and the white,—I crush his ribs, and I tear off his head.

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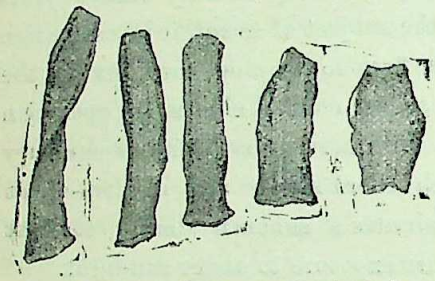
Whitney : The worm of all forms, the four-eyed, the variegated, the whitish—I crush (sr) the ribs of it ; I hit at (api-vrasc) what is its head.

My version : The worms of diverse forms, the four-eyed (4-suckers), the speckled, the whitish, I crush its vertebrae (segments) ; I tear off what is its head.

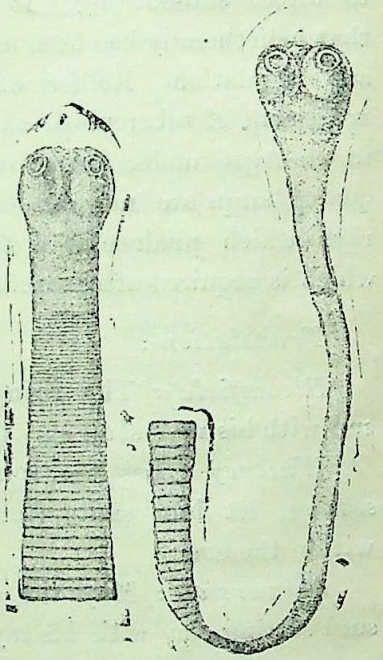
Commentary :—

Visvarupam विश्वरूपम् : I have translated the term as 'worms of diverse forms.' "So long as the animals retain their mobility, one can observe a perpetual change of form ; they are at one time stretched out and nearly cylindrical and again they are contracted



Proglottides of *Taenia Saginata* in various conditions of contraction (After Leuckart).

Head of *T. Solium* from the intestine of a rabbit, in different stages of motion (×25). After Leuckart.



Head of *Taenia Saginata* in contracted (A) and extended condition (B). After Leuckart.

into a club or flask-like form, till finally they become short, flattened, broad quadrangular bodies, still possessing a quite appreciable thickness, and recognisable in form and character as tape-worm segments. Through these varied changes it is the anterior end which is most affected. It is at one time pointed like a cone, at another it is spherical, and again it is flattened like a spatula, as is the cephalic end of certain Planarians. It resembles the latter also in going first as the animal creeps. The more truncated posterior end changes its form but slightly, and with its everted

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border, which formerly embraced the adherent joint like a cuff, forms a distinct sucker, by which the animal fixes itself during the creeping movement. Elongation and contraction succeed one another so rapidly that in a minute the joint can cover a distance of several centimetres. By the unequal distribution of the contractions over the two halves of the body, the direction of motion is not unfrequently turned to the one side or the other." (Leuckart. *The Parasites of Man*. p. 425).

Sarangamarjunam सारङ्गमर्जुनम् : "The outer surface of the body is frequently wrinkled longitudinally and is of a *dirty white colour*. The rusty brown eggs can sometimes be seen shining through the thick envelope of the body." Sayana explains सारङ्गम् as श्यवलवर्णम् and अर्जुनम् as शुभ्रवर्णम् or dirty white in colour.

Sringavyam शृङ्गाभ्याम् : Goze observed the great mobility of the *Taenidae*. "I hung a worm," he says, "head downwards in a long cylindrical glass full of water, and with its posterior end attached to a thread over the margin of the glass, and watched it. First it *stretched out its head-bladders* (*suckers*) *like the horns of a snail*, as I previously observed in a segmented cystic worm from the liver of the mouse (*cysticercus fascislaris*). Then the border of the upper part which was hanging down became for a short time crumpled, so that it looked like a Savoy cabbage ; but this movement did not last long. Thirdly, it made a manœuvre which astonished me. Feeling apparently that the water was not its native element, it tried to get out. *With the lower rim of the last joint of the outside portion it firmly fixed itself to the glass*. Then with incredible rapidity it contracted into a few lines the contiguous stretch of joints which were partly under water. The breadth was thereby very considerably increased to almost an inch, and the whole stretch of joints was lifted out of the water. The formerly fixed joint was then relaxed, and the contracted portion elongated again, so that it now hung over the glass In the same way the middle portion, and finally the cephalic end, were lifted out of the water. In three contractions it lay on ground near the glass. From this movement we can understand how a worm, especially a human one, can work its way back into the intestine, even when it has been so far expelled that a long piece of it hangs out from the rectum or anus." (Leuckart, the *Parasites of Man*, p. 425).

Caturaksam चतुरक्षम् : *Lit.* the "four-eyed." This term refers to the four suckers of the *Tænidae*. The worms with these suckers

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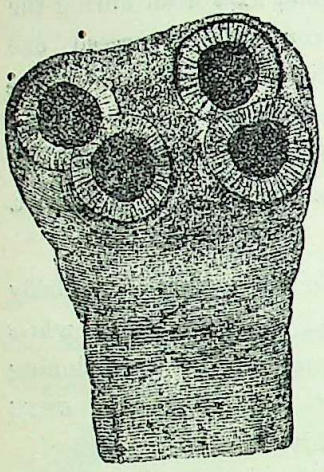
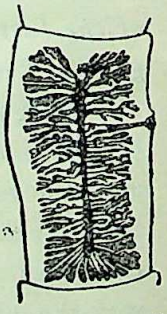
were easily recognised by the naked eyes. The ancient seers considered these suckers as eyes. The mediæval physicians of Europe also made a similar mistake and described the suckers as eyes. "As to the idea that the four suckers were eyes and the abdominal contents were vertebrae" says Leuckart, 'we will pardon its naivete, and by no means judge it so harshly as other investigators have sometimes done." The four suckers described here undoubtedly refer to the *T. Saginata*, as the other epithets mentioned in the same verse signify the *T. Saginata*. The explanation, hinted by some European scholars, that the four suckers might have a reference to the watch-dogs of Yama who are described to have four eyes (*Rv.* x. 14, 10, 11); but the descriptions of the worm as in the original text fails to give us any idea that a dog was meant. Moreover the god Agni is also described as havivg four eyes (*Rv.* i. 31, 13). If we take all the epithets together, the description gives us a very good pen-picture of *T. Saginata*.



Head of *Taenia Saginata* retracted.

Pristhih पृष्ठी: Sayanacharya explains the term पार्श्वावयवानपि "*parsvavayavanapi*." I would translate the term by 'proglittides' or 'segments. The uterine coils might have been meant as these were visible through the naked eyes. The coils appeared to the Vedic Risis as vertebrae. We have referred to a similar mistake committed by the mediæval zoologists of Europe. It has been translated as 'ribs,' but certainly these are not ribs which are called *parsu*. For a distinction of *Pristhi* and *Parsu* I would refer my readers to *Av.* ix. 7, 6; x. 9 20; Compare *Ghritapristhi* or butter-backed in *Rv.* i. 164, 1.



Segment of *T. Sagfment.*

Sirah शिर: : This term has been translated as head of the worm. I have pointed out before the general belief that the animal was a single one; and as the suckers were considered as eyes the part of the worm which supported the suckers was taken to be the head of the worm. The popular conception has not entirely died out

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and the polyzootic nature of the worm has not as yet been sufficiently understood. The Vedic sages therefore committed the same mistake in considering the part as *sirah* as the later physicians of Europe did in describing the part as head. Leuckart has improved upon the word and suggested the term 'nurse' as a substitute.

And as the four suckers were considered as eyes and the part supporting the eyes as *sira* or head, Sayana could not but explain the function of the head as *Sarirantargatamamsadi-bhaksakam pradhanam anga i.e.* the principal part of the body which is concerned with eating the flesh of animals that act as the host of the worms.' But the idea is incorrect ; these worms do not take any food by their so-called head where there is nothing resembling a mouth. These worms get their nutrition by osmosis through the general surface of their body.

II. 32, 3 :

अत्रिवद् वः क्रिमयो हन्मि कण्ववज्जमदग्निवत् ।
अगस्त्यस्य ब्रह्मणा सं पिनष्म्यहं क्रिमीन् ॥

Sayana : हे क्रिमयः वः युष्मान् अत्रिवत् कण्ववत् जमदग्निवत् । ते यथा मन्त्रसामर्थ्यात् क्रिमीन् निघ्नन्ति एवं अहम् अपि हन्मि । तथा अगस्त्यस्य महर्षेर्ब्रह्मणा मन्त्रेण अहं क्रिमीन् सर्वान् सं पिनष्मि पुनरुद्भवो यथा न भवति तथा नाशयामि । एतेषां क्रिमिनिवारकत्वं श्रुत्यन्तरे प्रसिद्धम् । "अत्रिना त्वा क्रिमे हन्मि कण्वेन जमदग्निना विश्वावसोर्ब्रह्मणा हतः" इति ॥

Commentary : In this stanza the names of the sages, namely, Atri, Kanva, Jamadagni, and Agastya are mentioned in connection with the treatment of worms. I have described the lives of these sages in my *History of Indian Medicine* and the part they took in the development of the science of medicine.

Translations :

Bloomfield : Like Atri, like Kanva, and like Jamadagni do I slay you, ye worms, with the incantation of Agastya do I crush the worms to pieces.

Whitney : Like Atri I slay you, O worms, like Kanva, like Jamadagni ; with the incantation of Agastya I smash together the worms.

My version : Like Atri, I slay you, ye worms, like Kanva, like Jamadagni, and with Agastya's spell, I smash together the worms.

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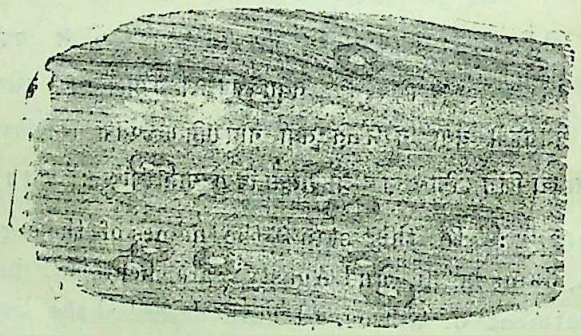
II. 32, 4 :

हतो राजा क्रिमीणामुतैषां स्थपतिर्हतः ।
हतो हतमाता क्रिमिर्हतभ्राता हतस्वसा ।

Sayana : क्रिमीणां राजा हतः अस्मत्प्रयुक्तमन्त्रौषधादिना नष्टः । अतोऽपि च एषां क्रिमीणां स्थपतिः सचिवो हतः । एवं हतमाता नष्टमातृकः हतभ्राता हतभ्रातृकः हतस्वसा नष्टभगिनीकश्च क्रिमिर्हतः नष्टः ॥ सस्वामिकं सामात्यं सबान्धवं कृत्स्नं क्रिमिकुलं निरवशेषं नष्टम् इत्यर्थः ॥

Commentary : In this and the next stanza, the colony of bladder-worms of *T. Saginata* are described. The bladder-worms of cattle are only rarely found isolated, but usually live in companies, and sometimes in such numbers that the flesh looks like a colony of bladder-worms. The cysts containing the bladder-worms are extremely numerous in some places, and often lie so thickly together that the total number must be incredibly large. The Vedic sages finding these innumerable number of parasites compared the colony of worms in the larval stage with a colony of men with their kings, ministers, parents, brothers and sisters living in their homes surrouned by neighbours and with little children.



Flesh of pig with bladder-worms. Measly pork, (nat. size). After Leuckart.

Translations :

Bloomfield : Slain is the king of the worms, and their viceroy is also slain, slain is the worm, with him his mother slain, his brother slain, his sister slain.

Whitney : Slain is the king of the worms, also the chief (*sthapati*) of them is slain ; slain is the worm, having its mother slain, its brother slain, the sister slain.

My version : Slain is the king of worms, their minister too is slain ; slain is the worm, with its mother slain, its brother slain, its sister slain.

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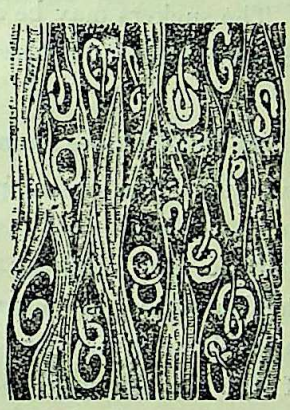
II. 32. 5 :

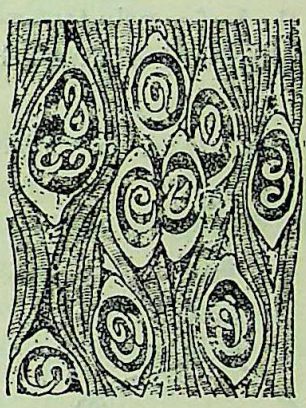
हतासो अस्य वेशसो हतासः परिवेशसः।
अथो ये क्षुल्लका इव सर्व्वे ते क्रिमयो हताः॥

Sāyana : अस्य क्रिमिकुलस्य वेशसः निवेशस्थानानि मुख्यगृहा हतासः हताः। एवं परिवेशसः परितः स्थिताः समीपगृहाश्च हतासः हताः। अथो अपि च ये क्षुल्लका इव बीजवस्थाः सूक्ष्मरूपा दुर्लक्ष्याः क्रिमयः सन्ति ते सर्वेऽपि क्रिमयः हताः नाशिताः॥

Commentary : वेशस Vesasa ; Sayana explains it to be the *Nivesasthanani* or the place of abode or their habitat. *Parivesasa* would then mean their nieghhours or surrounding seats. *Ksullaka Vijavasthah suksmarupa durlaksyah krimayah*, tiny worms difficult of observation *i.e.*, the embryonic stage. Ksullaka are the bladder-worms which are just visible with the naked eye.



Trichinae in muscle, about to be encapsuled.
(After Leuckart.)



Trichonosed pork encysted.
(After Leuckart.)

Translations :—

Bloomfield :—Slain are they who are inmates with him, slain are his neighbours; moreover all the quite tiny worms are slain.

Whitney : Slain are its neighbours (? *vesas*) slain its further neighbours (*parivesas*), also those that are petty (*Ksullaka*), as it were—all those worms are slain.

My version :—Destroyed are its havitat (cyst) and its neighbouring seats, ; as also those that are tiny (embryonic), all those worms are slain.

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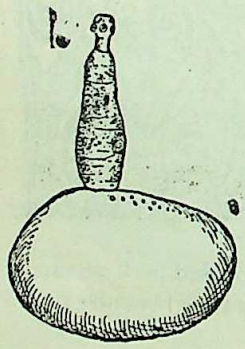
II. 35. 6 :

प्र ते शृणोमि शृङ्गे याभ्यां वितुदायसि ।
भिनद्मि ते कुषुम्भं यस्ते विषधानः ॥

Sāyana : हे क्रिमे ते त्वदीये शृङ्गे विषाणे प्र शृणामि प्रभिनद्मि याभ्यां शृङ्गाभ्यां वितुदायसि विशेषेण तुदसि व्यथयसे । ते इति संबन्धः । ते तव कुकुम्भम् अवयवविशेषं भिनद्मि विदारयामि । तमेवावयवं विशिनष्टि । ते तव संबन्धी यः अवयवः विषधानः । विषं धीयतेऽस्मिन्निति विषधानः विषस्थानम् ॥

Commentary: *Sringah* or the horns, evidently the hooks of the *Taenia* are meant; but the bladder-worm of the *T. Saginata* has no circle of hooks on their head as is the case with the bladder-worm of *T. Solium*. But we must remember that in ancient times, the *T. Saginata* and *T. Solium* were not differentiated. *T. Solium* was a common name for the both kinds of the tape-worms and it was thought that the measly-pork tape-worms was the same animal as the beef-measly tape-worm. The suckers may be stretched out like the horns of a snail,—Goze See P. 181., and these might be referred to.

कुसुम्भ *Kusumbham* or *Sukambham*: Sayana explains it as *avayavavisesa* or a particular member of the body of worm. I think the bladder of the bladder-worm is meant. The sages thought that the function of the bladder was to serve as a receptacle of the poison or a poison-sac or *visadhana*. It has the shape of a round bottle with a long neck.



Bladder-worm with evaginated head.

Translations :—

Bloomfield :—I tear off thy two horns with which thou deliverest thy thursts, I cut that bag of thine which is the receptacle for thy poison.

Whitney : I crush up (*pra-sr*) thy (two) horns, with which thou thrustest ; I split thy receptacle (?), which is thy poison holder.

My version: I crush up thy two horns with which thou causest great pain. I split thy bladder, thy poison-receptacle.

(*To be continued.*)

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METALS IN AYURVEDA

—:o:—

MERCURY or HYDRARGYRUM, Hg.

BY

AMRITLAL D. TRIVEDI, L. C. P. S. (BOMB),

Jam-Raval.

(Continued from our last issue.)

(1) Parada Bhasma (Kajjali) :—

Corrected mercury, corrected sulphur.

Directions :—mix well, and dry in an iron pot under gentle charcoal fire.

Dose.—1 to 3 Raties or 2 to 6 grs.

(2) Chintamani Chaturmukha Rasa :—

Kajjali (black sulphide of mercury) 2, Abhraka-Bhasma 2, Lauha-Bhasma 1, Suvarna-Bhasma ½.

Directions :—Powder and mix. Rub in the juice of Kumarika till it is prepared into a pill mass and divide it into pills of one rati each.

Dose :—1 Rati or 2 grs.

(*Rasa-Sar-Samgraha*).

(3) Vahni Ras :—

Corrected mercury 4, corrected sulphur 3, Turmeric 3, Triphalachurna 3, dried ginger-root 8, Black round pepper 8, Long pepper 8, Dantimula 8, and Jiraka 8.

Directions :—Powder and mix. Rub in the juice of Bhringaraja, till it is prepared into a pill mass and divide it into pills of one rati each.

Dose :—1 to 3 raties or 2 to 3 grs.

(4) Trivikrama Rasa :—

Kajjali (black sulphide of mercury) 2, reduced Copper 1.

Directions :—Rub the ingredients in the juice of the leaves of Nirgundo Vitex, till it is prepared into a ball. Roast this

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ball in sand bath under gentle heat. Afterwards make it a fine powder.

Dose :—3 Raties or 6 grs.

(5) Galita-Kusthakuthar Rasa :—

Kajjali 2, reduced Iron 1, reduced Copper 1, Guggulu (purified) 1, Triphala-churna 1, Neem tree bark 1, Plumbago-root 1, Shilajatu Rasayan 1, Karanja-seeds 36, reduced Mica 36.

Directions :—Powder and mix. Prepare into pills, with clarified butter (ghee) of one rati each.

Dose :—3 Raties or 6 grs.

(6) Rasa Parpati :—

Corrected Mercury 1, Corrected Sulphur 1.

Directions .—Mix the two ingredients in a mortar. Put the mixture in an iron pot with little ghee (clarified butter). Put the pot under gentle fire till the mixture becomes liquid. Pour the liquid over fresh cowdung on the floor, having plantain leaf over it. Afterwards put a second plantain-leaf and fresh cowdung over the liquid. Let it become cool of its own accord. Make it to a fine powder.

Dose :—1 to 3 raties or 2 to 6 grs.

(7) Panchamrita Parpati :—

Corrected Mercury 4, Corrected Sulphur 4. Reduced Iron 2, Reduced Mica 1, Reduced Copper $\frac{1}{4}$

Directions :—Same as for Rasa-Parpati.

Dose :—1 to 3 raties or 2 to 6 grs.

(8) Lauha-Parpati :—

Kajjali (black sulphide of mercury) 4, Reduced Iron 1.

Directions :—Same as for Rasa-Parpati.

Dose :—2 raties or 4 grs.

(9) Suvarna-Parpati :—

Kajjali 16, Gold leaves ready made 1.

Directions :—Same as for Rasa Parpati.

Dose :—3 raties or 6 grs.

(10) Tamra-Parpati :—

Kajjali 2, Reduced Copper 1, Reduced Iron pyrites (Swarna maksika) 1.

Directions :—Powder and mix and put the mixture in a covered crusicle, and expose it to heat in a Varahput. When

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the whole thing cools of its own accord, take out the crusicle and powder the drug.

Dose :—1 to 2 Rati or 2 to 4 grs. as an alterative.
12 raties or 24 grs. as an ematic.

Anupan :—Honey and water.

(11) Sapta-Shalivati :—

Kajjali 2, Akarkaraha 2.

Directions :—Powder and rub till the globules of mercury disappear. Rub the mixture with honey and juice of betel-leaf till it is prepared into a pill mass. Divide it into pills of half a rati each.

Dose :—12 to 24 raties or 24 to 48 grs, adults.

Indication : Inherited syphilis in children.

(12) Paradi Gutika :—

Purified S. Anacardium (Bhallataka) 2, Ptychotis ajawan seeds 2, Corrected Mercury 1.

Directions :—Beat all the ingredients well in a mortar, till it is prepared into a pill mass. Divide it into pills of two rati each.

Dose :—2 raties or 4 grs.

Anupan :—Dahi or curd.

Indication.—Chronic enlargement of glands due to syphilis or tuberculosis.

(13) Hydrargyrum cumcreta (English).

Corrected Mecury 1, Creta Preparata 3.

Directions :—Powder and mix.

Dose :—1 to 2 raties or 2 to 4 grs.

Indications.—Infantile syphilis.

(14) Rasa sindura :

Corrected Mercury 1, Correted Sulphur 6.

Directions :—Soak the ingredients in the decoction of Ærial roots of the Baniyan tree, and dry it in the sun. Repeat the process for three times. Put this powder in a glass bottle and do seven *kapadmati*, over that bottle. Prepare a cork from a *till* piece, so as to fit the mouth of the bottle. Allow it to dry. Apply heat for 18 hours to the glass bottle—the time of heat

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depending upon the quantity taken—for ordinary purpose, in a Valuka jantra. When the whole thing cools of its own accord, take out the glass bottle and break it. The reddish brown substance which is sticking to the neck of the bottle, is the Rasa-Sindura. The ash of mercury and sulphur, light in weight remains at the bottom of the bottle. As a result of chemical action, sulphur burns on the mouth of the bottle and the mercury sublimes and sticks in the neck of the glass bottle. As long as sulphur burns on the mouth of the bottle, it does not allow mercury to evaporate. Collect the Rasasindura carefully and reduce it to a fine powder.

(*Rasayan-Sara.*)

Dose :—1 Rati or 2 grs.

Anupan :—Betel-leaf or *pan* or butter.

(15) Brihat Chandrodaya Rasa :—

Ready-made gold-leaves 4, Corrected Mercury 32, Corrected Sulphur 64.

Directions :—Take corrected mercury and corrected sulphur in a mortar and prepare a Kajjali. then put ready made gold-leaves with the Kajjali in a mortar and rub them till particles of gold-leaves disappear. Soak this mixture in the juice of Kumarika or decoction of Salmali-bark and dry it in the sun. Repeat this process for three times. Take a black coloured 2 lb. bottle. Put 25 tolas of the above mixture in the glass bottle. Cork the bottle with a piece of *till*. Do seven *Kapadmati* one after the other. Let it become dry. Put this bottle in a Valuka-jantra. Put this Valukajantra under a furnance 4 ft. × 4 ft. × 2 ft. Begin to apply heat and note the time. It is better to ignite the furnance at about 4 o'clock. Apply gradual increase of fire as *manda*, *madhyama* and *tivra* as described in Sanskrit texts. After about four hours of heat, smell of sulphur begings to come out, and the cork comes out with force if it is tightly applied, on account of gas in the bottle. After about 5 hours of heat the mixture in the bottle becomes liquid. This can be made out by dipping an iron rod in the glass bottle. After about sixteen hours of heating, the sulphur begins to burn on the mouth of the bottle with mani-coloured fumes. Continue the dipping of an iron rod in the glass bottle every half an hour till 23 hours of heating, till the liquid in the glass bottle solidifies. The dipping of an iron rod is of special value for escape of the gas ; for

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the gases if kept within the bottle will break the whole thing. Continue applying heat till 72 hours. Afterwards let the whole thing become cool of its own accord for a day. Take out the bottle and collect the Brihat Chandrodaya, which is sticking in the middle of the glass bottle. The ash of mercury and sulphur possessing golden lustre, remains at the bottom of the bottle and comes out by turning the bottle upside down. Many Vaidyas think this to be reduced gold, but really speaking it is a useless substance. Formation of sulphur is found on the mouth of the bottle. As a result of chemical action, Bt. Chandrodaya, a compound of high potency is prepared out of that mixture. 25 tolas of this mixture yields about 7½ tolas of Bt. Chandrodaya. If you apply less heat, the Chandrodaya which you get, is of less potency and quality. It is advisable to apply heat for 72 hours as it has been said in various Ayurvedic Texts. Rub the Bt. Chandrodaya, thus obtained, in a mortar, till it is reduced to a fine impalpable powder and then bottle it up. Afterwards it becomes ready for use.—*Bhaishajya Ratnavali.*

Dose :—½ to 1 rati or 1 to 2 grains.

Anupan :—Betel-leaf or prepared *pan*.

(16) Bt. Chandrodaya Rasa Anupan or Swalpa Chandrodaya :—

Nutmeg 1, Cloves 1, Camphor 1, Round black pepper 1, gold-leaves $\frac{1}{16}$, Musk $\frac{1}{16}$ and Bt. Chrodrodaya Rasa 4⅛.

Directions :—Powder and mix and prepare it into pills of one rati each in betel leaf juice.

Dose :—2 to 4 raties or 4 to 8 grs.

Indications :—Phthisis, Sprue and Impotency.

(17) Makardhwaja Rasa :—

Bt. Chandrodaya Rasa 1, Reduced Iron 1, Reduced Tin 1, Reduced Pearl 1, Reduced Silver 1, Coral reduced 1, Nutmeg 1, Musk $\frac{1}{16}$.

Directions :—Powder and mix and prepare it into pills of one rati each in betel leaf juice.

Dose :—½ to 1 rati or 1 to 2 grs.

Indications :—Phthisis, Sprue and Impotency.

(*Rasendra Sarasamgraha.*)

(18) Hiranyagarbha Pottali Rasa :—

Corrected Mercury 2, Corrected Sulphur 3, Ready made Silver-leaves 1, Reduced Gold 1, Reduced Iron 1, Reduced

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Coral 1, Reduced Mica 1, Corrected yellow Orpiment 1, Brihat Chandrodaya 1, Reduced Pearl 1, Kajjali (mercury and sulphur in equal parts) 8.

Directions :—Rub all the above mentioned ingredients with the juice of Kumarika till it is prepared into a pill mass. Prepare out of this mass Sogathies, weighing three tolas each *i. e.* prepare seven Sogathies of the above prescription. Let them become dry. Tie them with silk cloth and cook them in Dolajantra containing sulphur, for three hours. 1½ lb of sulphur is sufficient for seven sogathies in Dolajantra.

Dose :—½ to 1 rati or 1 to 2 grs.

Anupan :—Ginger-root juice or Tulsi-leaves juice.

Indications :—Heart failure, muttering delirium, and lock-jaw.

(19) Ung. Hydrargeri :—

Mercury 2, Sulphur 1, Simple ointment 10 (strength 1 in 5).

Directions :—Prepare an ointment.

(20) Ung. Hydrargeri Co. :—

Mercury 1, Sulphur 1, Camphor 1, Simple ointment 2, (strength 1 in 3).

Directirns :—Prepare an ointment.

N. B.—Simple ointment could be prepared by one part of *cera alba* (wax) and two parts of sweet oil. Heat gently and allow it to cool. Instead of sweet oil, cocoanut oil or archis oil can also be used.

(21) Mala Sindura :—

Corrected Mercury 1, Corrected Sulphur 6, Corrected Arsenic ½.

Directions : Take corrected mercury and corrected sulphur in equal parts, and prepare a Kajjali. Put this Kajjali in an iron pot, under gentle fire and gradually add the remaining powdered sulphur till the whole of it is digested. The process is known as Gandaka Jaran. Powder it and mix corrected arsenic with it. Put it in a glass bottle. Do seven *kapadmati* and put this in a Valukajantra. Put the Valukajantra under a furnace. Ignite the furnace and note the time. After about 4 hours the sulphur begins to burn on the mouth of the open bottle. Dip an iron rod every half an hour. When the sulphur fumes disappear apply a cork. Dip the cork in treacle and quick-lime, before you apply. Sulphur fumes disappear after about 12 hours of heat.

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Continue heat up to 24 hours. 15 tolas in all of the mixture in weight will require to stick 24 hours of heat. Mala Sindura begins to stick to the neck of the bottle, like Rasasindura, after 12 hours of heat. 17 p. c. of Mala Sindura could be obtained by this process, if the process is successfully done.

Dose :—½ to 1 rati or 1 to 2 grs.

Anupan :—Betel-leaf or prepared *pan.*

Indications.—Phthisis, Sprue, Spermatorrhoea and Impotency.

(22) Tala Sindura :—

Corrected mercury 1, corrected sulphur ·6, corrected yellow orpiment ½.

Directions :—Same as Mala Sindura.

Dose :—½ to 1 rati or 1 to 2 grs.

Anupan :—Lavangadi Churna or kwath, Bt. Mangisthadi kwath.

Indications.—Phthisis and Sprue, and Impotency. Syphilis and its complications.

(23) Shila Sindura :—

Corrected mercury 1, corrected sulphur 6, corrected realgar ½.

Directions :—Same as Mala Sindura.

Dose :—½ to 1 rati or 1 to 2 grs.

Anupan :—Bt. Mangisthadi kwath, Amalakadi and Bakuchi churna.

Indications.—Leprosy and Obesity.

(24) Bhrihat Jwarankusha :—

Corrected mercury 1, corrected aconite 1, corrected sulphur 1, corrected dhatura seeds 3, dry ginger root 3. Round black pepper 2, Long pepper 3.

Directions :—Powder and mix. Rub all the ingredients with lemon juice, and ginger root juice in a mortar, till it is prepared into a pill mass. Divide it into pills of one rati each.

Strength :—Each pill contains $\frac{1}{7}$ gr. Aconite and $\frac{1}{87}$ gr. Dhautra seeds.

Dose :—2 Raties or 4 grains.

Indications.—Any variety of fever.

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(25) Ramaban Rasa :—

Corrected kajjali 2, corrected aconite 1, cloves 1, round black pepper ½ and long pepper ½.

Directions :—Powder and mix. Rub all the ingredients with tamarind juice in a mortar, till it is prepared into a pill mass. Divide it into a pill of one rati each.

Strength :—Each pill contains $\frac{2}{5}$ gr. of Aconite

(*Rasendra Chintamani.*)

Dose :—1 Rati or 2 grs.

Anupan :—Honey, rice-water or round black pepper churna.

Indications.—Dyspepsia and Indigestion.

PHARMACOLOGY.

Externally-Skin :—Mercury is absorbed by the unbroken skin, and may be administered as inunction. It easily enters through hairs and subacqueous glands as oxide or chloride. On the denuded skin and the mucous membrane, it is an antiseptic and disinfectant. It is a paraciticide also.

Internally :—Gastro-intestinal tract—Mercury causes salivation and stomatitis, not as a result of direct local action, but during the process of excretion, it is excreted by the salivary glands.

In the stomach, it is converted into complex albuminate, insoluble at first, but it becomes soluble, when albuminate and sodium chloride, existing in the stomach, become in excess. Then it is easily absorbed.

In the duodinum and the upper part of the small intestine, it stimulates the glandular secretion and paristalsis and hence it is a purgative. It checks putrifactive changes in the duodinum and intestine. It is reexcreted in the bowels as sulphide. The purgative action of mercureals is greatly helped by salines.

Liver.—It is a mistake to say that mercury increases the amount of bile formed by the liver. It checks the growth of bacteria in the gut on account of its antiseptic power, and so it prevents the normal conversion of bile pigments into stercobillin, the normal colouring matter of the fæces. (Dixon).

Patients taking mercury preparations pass dark green motions.

(*To be Continued.*)

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DISEASES OF THE PANCREAS

OR

KLOMA ROGA FROM AYURVEDA

BY

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——:o:——

We come across this anatomical nomenclature Kloma in Sushruta Sarira. Now our duty as practitioners of Indian Medicine is to know what this Kloma is, where it is situated in the body, its action, the diseases it is liable to be affected by and their remedial agents.

Kloma is otherwise known as Tilakam. They mean respectively an organ which withers away and an organ which is shining. (Amarakosa—Manava Varga).

As we begin reading Sushruta's Sarira, the only reliable text on Sariram, we meet this word Kloma in the Chapter on Sarira Sankha Vyakarnam. We read this here in connection with the sandhies of the Koshta, wherein is stated that the heart is connected with Kloma by *nadis* or cords in which form 18 sandhies and that these sandhies forming round the Kloma or mandala sandhies in shape. (Sushruta, Sarira, Chapter V, Verses 26 to 28).

But from this book we do not get a precise knowledge of its situation and utility to the body. But because the word Kloma is brought in connection of the sandhies of the koshta we infer that this organ is one of the internal organs. Now our duty is to find out where this Kloma is situated in koshta which is a difficult thing for we have no information from the authentic writer on Sarira Sastra *i.e.*, Sushruta. So our duty will be to gather information on this subject from various authors and draw inferences therefrom and solve the problem.

In Sarangadhara Samhita we come across the word *Tilam* (The *parayapada* for Kloma) which is spoken of as an *ashaya* and its locality as being above that of the the *agnyashaya* which is

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situated above and to the left of *Nabhi*.—(Sarangadhara, Chapter V., Verses 8 to 11).

Action of Tilam.—Tilam is defined as an organ wherefrom the *Jalavahini Siras* spring up and relieve thirst.—(Sarangadhara, Chapter V. Verse 46).

We get some more information about this from a book known as Brihat Vaidya Ratnakara in Telugu. In this book we find a chapter dedicated to Kloma Roga which we do not find in any other work on medicine. From this chapter on Kloma Roga we learn that *Kloma* is located between *Pleeha* and *Kshudrantra*. Its *swarupa* is also described in this book as a piece of *mamsa*, the third *dhatu* of the body. The author attributes to this Kloma, the action of helping in the act of digestion. By studying the action of Tilam or Kloma we have tried to know that this organ's action is (1) the act of helping in digestion and (2) the action of relieving thirst. I think, before we pass the remark that both the organs are same by one having the other name as a (पर्य्यायपद) paryayapada, we will have to consider if Kloma is also attributed in the action of relieving thirst. When we study the *nidanam* of Antarabidradhi from Sushruta or Madhava Nidana we learn that the main symptom of the Vidradhi being located on the Kloma is unquenchable thirst. When we study the causes for thirst, we must think that the Tilam which is the organ helping in relieving thirst has been damaged. But among the causes for thirst we find one of the causes for it being the vitiation of the Udakavahini Siras in the body by Vata (Madhava Nidana, Trishna). Again when we study this Trishna Roga from Charaka Samhita we learn that *soshatvam* affecting the Rasavahini Dhamanies of Kloma forms a factor in producing thirst. So Tilam which is spoken of to be till now as a place for Jalavahini Siras can be Kloma, which agrees by way of its position and part played in the body being also same, besides paryayapada. If we now go deeper into the subject of studying what it is that helps in the act of digestion we learn that it is *Pachakagni*. Now we must proceed to know where this Pachakagni is situated in the body. In Sushruta Samhita, Sutrasthna—Vranaprashanam Adhyaya it is stated that Pachakagni is located between the Amashaya and the Pakvashaya. And when we refer to other works to know where this Pachakagni is located we learn from Sarangadhara Samhita

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that this Agni whose action is attributed to the action of Kloma by Brihat Vaidya Ratnakara is attributed to that of Agnyashaya. Now we will have to consider if this Pachakagni is situated in Kloma or Agnyashaya or anywhere else. To do this we will have to determine by comparing their action with their position with any of the organs of the Koshtha of the modern scientists, which agrees in position and action with any one of the organs mentioned by our writers.

Sarangadhara differentiates the Agnyashaya and Tilam as separate Ashayas. And we learn by studying the synonyms of Kloma that Tilam and Kloma are same and also their position agrees, for Sarangadhara himself says that Tilam is situated above that of Agnyashaya; Brihat Vaidya Ratnakara saying that Kloma, the place of the Pachakagni is located between spleen and the small intestines and Sushruta saying that the place of Pachakagni being between Amashaya and Pakvashaya and since Tilam which is located above the Agnashaya of Sarangadhara being proved to be Kloma of Brihat Vaidya Ratnakara who says that it is the seat of Pachakagni and since this Kloma being nearer to the Amashaya as the Agnyashaya is below this Tilam or Kloma and since we find a similar organ possessing the action attributed to Kloma agreeing to a great extent with regard to position and action with an organ known as Pancreas of the Western scientists, it is proved that Kloma can be Pancreas and not Agnyashaya which is below Tilam or Kloma and so goes far away from the Amashaya since the position of the Pancreas too being behind the stomach in the posterior wall of the abdomen and the action also is the act of helping in the process of digestion. That Kloma is Pancreas can be reconfirmed if we just try to know of the diseases to which Kloma and Pancreas are liable to be affected and compare them.

Diseases of Kloma.

The disease known as Antrabidradhi affects the Kloma (Sushruta Nidana, Chapter V, Verses 14 to 15). Now learning that the disease, internal Bidradhi, is the disease that this Kloma is liable to be attacked by, we should try to know its causes and symptoms.

Causes.—The Vayu, Pittam and Kapham of the body deranged through eating heavy incompatible and uncongenial

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articles of food or of dry putrid and decomposed substances or by excessive coition and fatiguing physical exercise or by voluntary repression of any natural urgings of the body or through eating food which is followed by an acid reaction. (Susruta Nidana, Chapter IX, Verses 12 to 13). The diseases of Kloma arise by partaking of heavy and emolient foods and injury. (Brihat Vaidya Ratnakar, Telugu, Kloma Roga).

Symptoms.—The Bidradhi will be a tumour-like raised or elevated abscess in the interior of the organism which is often felt to be shaped like an ant-hill (Sushruta Nidana, Chap. IX, Verses 12 to 13). A sort of unquenchable thirst marks its seat on Kloma (Sushruta Nidana, Chap. IX, Verses 16 to 17). Some more symptoms of the disease when disease of Kloma exists. Due to partaking of heavy and emolient foods and injury the organ swells up, becomes soft aud blood accumulates in the Kloma and thus the organ becomes affected either with Bidradhi or manifest the following symptoms in a very virulent form ; they are Dyspepsia, nausea, vomitings, emaciation, anaemia, biliousness, discomfort in the abdomen, Kathinyam, heat, pain, bloating of the stomach, excessive salivation, debility and thirst. (Brihat Vaidya Ratnakara, Telugu).

Prognosis :—A Bidradhi located above Nabhi, when it brusts, will emit puss through the upper passages and the patient will die. And if fortunately the Bidradhi were to come up to the surface and bursts there may be slight chances of recovery. (Madhavanidana—Bidradhi).

The English Theory.

As far as present means of investigation goes the following points are of importance in establishing the diagnosis. Abdominal pain deep-seated in the epigastrium radiating to the left shoulder, loin and back with epigastric tenderness. 2. Nausea, anorexia, vomitings, diarrhoea or constipation. 3. Debility, emaciation and depression. 4. Creatorrhoea or the passage of undigested muscle fibres with straie visible under the microscope. 5. Steatorrhoea or the passage of liquid oil in the feaces. 6. The passage of undigested fat in the stools. 7. Glycosuria and lowered sugar tolerance. 8. Increase of diastase in urine and blood with decrease in the stools. 9. Cammide's pancreatic reaction in the urine. 10. Shali's test :—Capsules of gelatin hardend in formalin so that they are digested only by the trypsin of a healthy pancreas

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and containing a drug which is readily detected in the urine. 11. Loewis's Test: 3 drops one in thousand of adrenalin dropped on the conjunctiva and repeated 5 minutes later; if the pupil dilates in half to one hour, one can conclude that there is irritability of the sympathetic which is frequent with pancreatic disease. Each is valuable as a link in a chain of evidence pointing to the possibility of pancreatic disease. *The General diseases of the pancreas*: 1. Haemorrhage within the pancreas, 2. Pancreatic cysts, 3. Pancreatic Calculi, 4. Acute pancreatitis, 5. Chronic Pancreatitis. 6. Pancreatic diabetes, 7. Cancer.

Treatment.—Is symptomatic. Starches and sugars are to be limited, milk and casein or the easily digestible forms of proteids in pancreatic disease. The administration of Pancreon may aid digestion. Opening the Gall bladder has been successful in cases of pancreatitis accompanied by Jaundice, and other surgical measures are employed for the various diseases of pancreas (A Clinical System of Medicine, Saville, pages 262-263).

The Ayurvedic Treatment for Diseases of Kloma.

Bidradhi.—In the unsuppurated stage the abscess yields to the use of a potion consisting of a decoction of Varunadi group saturated with the powders of the Ushakadi group. Clarified butter cooked with the decoction of the drugs of the two preceeding groups as well as with purgative drugs taken every day will cure an internal abscess in a short period. The decoction of the above groups should be mixed with *sneha* and used as an *asthapana* as well as an *anuvasana* measure. The bark of *Madhusigru* mixed with powders antidotal to the *doshas* involved in the case proves curative in a case of internal abscess, in its unsuppurated stage used in drink and food or Madhusigru may be used along with water, Dhanyamla, cow's urine or Sura. Purified Silajatu, Sunthi, or Devadaru along with powders antidotal to the doshas involved proves curable. Applications of poultices, *snehakarma* as well as *anulomana* measures should be frequently tried. (Sushruta—Chiktista, Bidradhi, Verses 15-20). A suppurated internal Bidradhi should be opened and treated in the manner of an ulcer. The decoctions above mentioned must also be given. And rice boiled with mustard or madhusigru with the soup of barely, Kola and Kulutha is given. *Tilvakaghrita* (Chikitsa, Chap. IV) may also be given. Particular care must be taken

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to see that the disease does not suppurate since suppurated cases are difficult to be cured.

Treatment from Brihat Vaidya Ratnakara. The aim of treatment must be to aid the digestion and to see that Vata becomes anulomana by giving easily digestible foods and avoiding foods heavy of digestion. *Abhayadi Kashaya*—Harithaki, Amalaki, Devadaru, Kustumbara, Vishwabeshaza, Draksha and Sariba to be prepared into decoction and taken. This cures Kloma Roga.

Surendra Modaka—Lavangam, Varunatwak, Syama, the Kinjalkas of the lotus flower, Ajaji, Pippali, Karkatasringi, Draksha, Swarnamukhi and Haritaki fo be macerrated with honey and made into pills and taken internally paying attention to the strength of Jatharagni will cure Kloma Roga:

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In cases of thirst due to the diseases of Kloma which is indentical with Kshayaja Trishna, the following treatment can be followed :—Taking clarified butter, churrned from milk as well as those of meat soup and infusion of Yashtimadhu.—(Sushruta, Uttara Tantra—Trishna, Verses 27-28).

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The Journal of Ayurveda

or the Hindu System of Medicine.

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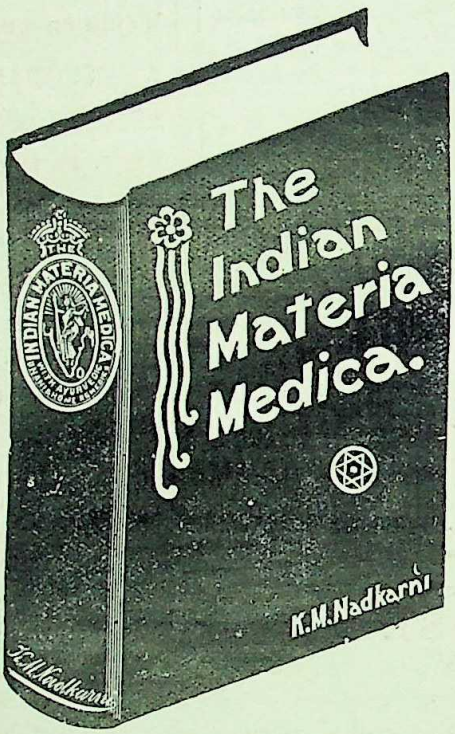

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THE JOURNAL OF AYURVEDA

Vol. IV.] December, 1927. [No. 6.

Renaissance of Ayurveda

Prof. Radhakrishna of the Calcutta University in his recent Convocation address at the Andhra University has rightly pointed out what should be our proper attitude with regard to the wisdom of ancient India in every branch of learning and culture.

"If the Andhra University is to participate in what may fittingly be called the "Indian Renaissance" it must pay adequate attention to the study of India's past. Any one who has studied and meditated in the ancient wisdom of the country will testify to *their peculiar greatness, their power to yield new meaning (in the light of present day knowledge) and their inexhaustible and inestimable value* * * *. The reconstruction of the mosaic of the long forgotten past is no less an ennobling performance on the part of the human mind. * * *.

"But the wisdom of the past must be studied critically and with discrimination. Such a study of the past is much more than merely the means of satisfying the enlightened curiosity, for it also *furnishes materials for future research and is thus a powerful instrument of progress.*

" The history of Humanity is a ceaseless conflict between two fundamental instincts, the *instinct of defence, of conservatism* which jealously clings to what it holds, turns back into itself and locks itself fast in it and the *instinct of expansion*, the bubbling of life, the vital urge that ceaselessly strives to down old prejudices and dogmas.

"Every age of expansion is followed by that of depression, when the *spirit of creation* dies away. *The*

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vivid life, the passionate enthusiasm, the strong convictions give way. The ebb of life has already reached its limit. Everywhere (in India) the same suffocation is felt, the same vital need to look round a broader horizon, to reconstruct and regenerate. The past is gone and can never return.

"It is *not true conservatism, but a false sentiment* which tries to preserve intact, because everything of the past is too ancient and too venerable to be tampered with. The world has become too small and it is impossible for any nation to stand still and stiff within its closed doors. The flood of modern ideas is pressing on us from every side and will take no denial.

"The *conservative* adopt an attitude of *unreasonable resistance* and cling tenaciously to old ideas. They little realise that the forces will steal unknown and bring down the defences which are weak. The *radicals* are anxious to forget the past. They forget that while other cultures may give us light, our own furnishes the condition for action. Truth should therefore be our guide in the matter of regeneration.

"There should be *constructive conservatism*. The one characteristic that pervaded the whole history of ancient India (while it was alive) was *its elasticity and ability to respond to new truths. With a daring catholicity, it has recognised elements of truth in other systems of thought It has never been too proud to learn from others and adopt such of their methods suitable to its own needs. If we retain this spirit, we can face the future with growing confidence and strength.*"

These are profound words of wisdom of a veteran Educationist and a true Indian patriot. In the renaissance of Ayurveda no better advice could be given. The above should be the attitude of every true lover of Ayurveda who longs for its regeneration.

A. T. R.

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Original Articles.

—:o:—

MEDICAL PROFESSION IN ANCIENT INDIA

By

BHISHAGWARA V. SUBBARAO,

Associate of the Madras Ayurvedic College.

(Continued from our September issue.)

Physician's place in the Royal army in ancient India :—Like the present day military services, there used to be physicians along with the troops on the battle fields to give both Surgical and Medical aid.

"A physician in king's service should adopt with a view to protect the life of his royal master, specially from acts of secret poisoning, while mobilising his armies to invade the territory of a neighbouring monarch accompanied by his chiefs and ministers.

A common practice of the enemy under such circumstances is to poison the wells on the roadside, the articles of food, the shades of trees, and the fuel and forage for cattle ; hence it is incumbent on a physician marching with the troops, to inspect, examine and purify these before using any of them in case they be poisoned.

As the external features of a king (king is here used to represent commander of the army) resemble those of a common person, while his commanding majesty, sacrifice, forbearance and fortune are superhuman, therefore a man, who is prudent and seeks his own good, should think reverentially of his king, and propitiate him with tokens of loyalty and allegiance as if he were a deity. A physician fully equipped with a supply of medicine, should live in a camp, not remote from the royal pavillion, and the persons wounded by shafts of arrows or any other war projectiles, or suffering from the effects of any imbibed poison, should resort to him, conspicuous like a triumphant ensign for his fame and professional success. A physician well versed in his technical science, and commanding a fair knowledge of other allied branches of study as well is glorified by his king, and is like a banner of victory, an ennobling ornament to the state." (Bhishgratna's Sushruta, Sutra, Ch. 34.)

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The minds of men are restless and uncontrollable like an unbroken horse; faith is a rare thing in human society and hence a crowned king should never believe any one (a Royal physician is an exception) in this world. Therefore,

राजाराजगृहसत्रे प्राणाचार्यं निवेदयेत्।
सर्वदासमवत्यैवम् सर्वत्रप्रतियाग्रविः॥ वाग्भट्॥

A king should always appoint a physician for the Royal kitchen to superintend the preparations (both food and drink) of the Royal fare.

QUALIFICATIONS OF THE SUPERINTENDENT OF THE ROYAL KITCHEN :—

"He should come of a respectable family, should be virtuous in conduct, fondly attached to the person of his sovereign and always watchful of the health of the king. He should be greedless, straightforward, god-fearing, grateful, of handsome features and devoid of imbecility, roughness, vanity, arrogance and laziness. He should be forbearing, self-controlled, cleanly, compassionate, well-behaved, intelligent, capable of bearing fatigue, well meaning, devoted, of good address, clever, skilful, smart, artless, energetic, and marked with all the necessary qualifications as described before of physicians. He should be fully provided with all kinds of medicines and be highly esteemed by the members of his profession."

(Bhishagratna's Sushruta, Kalpa, Ch. I.)

During the reign of Chandragupta physicians were called 'Bhishajas,' 'Chikitsakas,' 'Jangalividus,' and 'Sutika Chikitsakas.'

Bhishajas– were those physicians who were well versed in all the eight branches of study.

Chikitsakas—were those physicians who were known as ordinary physicians (साधारणवैद्याः)।

Jangalividus—were those well versed in toxicology. When Alexander invaded this country (India) he brought with him some of his physicians (Greek doctors). When he was in the Punjab, some of his soldiers were bitten by snake and the Greek physicians did not know the proper remedies to cure them. Then Alexander sought the help of Hindu physicians, who at once cured the Greek soldiers from the deadly poisonous bites. He was greatly astonished at the skill of the Hindu physicians and gave a general order that whenever his soldiers would be afflicted with any disease they should go and seek the help of Hindu physicians.

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Sutikachikitsakas—were those who were versed in the art of Midwifery (प्रसूतितन्त्र ।)

Besides these there used to be surgeons who used to treat soldiers on battle fields. No man was allowed to be a physician simply because he knows the names of some drugs, and nobody was allowed to practise without the permission of the king, and carelessness on the part of any physician in treating the patient was considered a crime. In cases of suspicious deaths there used to be post-mortem examinations (Anumrita pareeksha) like that in this twentienth century. Whenever there were epidemics as a result of famine, the physicians were ready to offer their help.

(Chandragupta (Telugu) by Swami Vidyananda Paramhamsa B.A.)

शीलवान् मतिमान् युक्तो द्विजातिः शास्त्रपारगः ।
प्राणिभिर्गुरुवत्पूज्य प्राणाचार्य-सहिस्मृतः ॥ चरकः

One who is a preceptor of the science of life, who is possessed of pure conduct, who is endued with intelligence, who is devoted, who belongs to the regenerate orders (twice-born castes), and who has thoroughly mastered the scriptures of the medical science, should be worshipped by all persons even as a Guru is worshipped.

विद्यासमाप्तौ भिषजोद्वितीयोजातिरुच्यते ।
अप्रुते वैद्यशब्दन्हि नवैद्यः पूर्वजन्मना ॥ चरक ॥

After the completion of the science of life (Ayurveda), it is said physician's second birth takes place. Hence he is called a Vaidya. One does not become a Vaidya by only one's previous birth.

विद्यासमाप्तौ ब्राह्मं वा सत्वमार्षमथापिवा ।
यृवमाविशतिजनां तस्माद्वैद्योद्विजः स्मृतः
नमिध्यायेन्नयाक्रोशेदहितं समाचरेत् ।
प्राणायार्थंवुधः कश्चिदित्यन्नायुरानैत्वर ॥ चरक ॥

Upon the completion of the medical science (Ayurveda) the mind described as Brahmya, or as appertaining to that of a Rishi verily enters that person in consequence of such knowledge. Hence who is a Vaidya is said to have two births. Hence one that is endued with intelligence and desirous of longevity should never cherish evil intentions towards a physician (पापार्य) or speak ill of him or do any injury.

चिकित्सितस्तु सस्तत्य योवासंशत्यमानवः
नोपकरोति वैद्याय सास्ति तस्येहनिष्कृतिः ॥

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That person cannot free himself from sin, who being treated by a physician does not come to his service (does not help him in return) whether he hears of it or not.

भिषगाचतुरान् सर्वान् स्वसुतानिवयत्नवान् ।
आवधेच्छोहि संरक्षेदिच्छन् धर्ममनुत्तमम् ॥
धर्मार्थनाधेकामार्थ मायुर्वेदा महर्षि भिः ।
प्रकाशितो धर्मपतैरिच्छद्भिः स्थानमचरम् ॥
नात्मार्थनापिकामार्थं अथभूत दयां प्रति ।
वर्ततेयः चिकित्सायां ससर्वमेतिवर्तते ॥
क्रुर्वन्तेयेतु क्रत्यार्थ चिकित्सापन्यविक्रयम् ।
तेहित्वाकाञ्चनराशिं पांशुराशिसुपाशिते ॥

The physician who desires to win merit (धर्म्म) of the highest order, should with tender care, protect all his patients, like his own children from diseases. The great sages, who were desirous of attaining that goal which knows no change, and who had piety for their sole aim, promulgated Ayurveda for the sake of piety, and not for earning *wealth and happiness*.

That physician. who not for self interest, neither for his own enjoyment. but out of compassion for creatures, devote himself for treatment, excells all other people.

Those physicians, who for the sake of living, sell treatment as an article of trade, may be said to throw off heaps of gold and accept heaps of ashes in return.

दारुणैक्रुष्यमाणानां गदैर्वैवस्वतक्षयम् ।
क्षित्वावैवस्वतान् पाशान् जीवितंयप्रयच्छति ॥
धर्मार्थसदृशस्तेन्य दातानेहोपलभ्यते ।
नहिजीवितदानाद्धि दानमन्यद्विशिष्यते ॥
परोभूततयाधर्म इतिमत्वाचिकित्साया ।
वर्ततेयः ससिद्धार्थः सुखमत्यन्तमश्नुते ॥ चरकः चि: स: १ ॥

The physicians cutting the chins of *Yama*, gives life to one that is being handled towards the abode of the son of *Vivaswata* by means of terrible diseases. Another giver of piety and wealth like a physician cannot be conceived of in this world. Since there is no gift (दान) which excells the gift of life (प्राणदान)

He, who thinking that compassion for creatures is the supreme virtue, devotes himself to treatment, has his ends accomplished and enjoys eternal felicity (*Moksha*).

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METALS IN AYURVEDA

—:o:—

MERCURY or HYDRARGYRUM, Hg.

BY

AMRITLAL D. TRIVEDI, L. C. P. S. (BOMB),

Jam-Raval.

(Continued from our last issue.)

Blood.—The soluble complex mercurial albuminate freely enters the blood from the mucous membrane of the stomach and the intestine. Minute and continued doses of mercury increase the number of red corpuscles and hæmoglobin and thus it adds a little to the body weight. In medicinal doses it is a tonic but in larger doses it causes anæmia.

Kidneys.—It is eliminated through the kidneys and while eliminating it works as a diuretic. It has got a cumulative action and it should be prescribed with caution where kidneys are diseased.

Specific action.—It is a specific for syphilis, especially in the primary and secondary stages. It has got a specific action on the spirochæte pallida and malarial parasites, the causative organisms in syphilis and malaria.

Toleration. Age, sex, and idiosyncrasy greatly modify the action of mercury. Children as a rule bear better than adults and males better than females. Some are specially susceptible to this drug, so that very small doses also cause salivation. Pregnancy is no bar to the administration of mercury.

Elimination.—It has got a cumulative action and is excreted very slowly. It could be detected in every organ, but especially in liver and the cancellous tissue of the bones. It is chiefly eliminated by cæcum and pelvic colon with the fæcis as sulphide It is slowly eliminated by kidneys and salivary glands. The excretion is especially slow if the kidneys are diseased. While excreting through the salivary glands, it increases the salivary secretion by acting either on the secretory cells in them or the terminal ends of nerves in them.

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Sexual glands.—It stimulates the secretion of the testis and thus it is a powerful aphrodisiac in Ayurveda.

Thermogenetic centre :—It reduces the temperature, by acting on the thermogenetic centre in the brain.

Heart :—It stimulates the musculature of heart and makes it regular to work.

Brain and Nervous system :—It stimulates the nerves, purifies blood and thus it cures many nervous derangements.

Toxicology :—

Mercury, if taken without proper correction and reduction or in high dose, causes symptoms and signs of poisoning.

The signs and symptoms of mercurial poisoning are as under :—

(1) Fetid smell of the mouth, (2) excessive salivation, (3) mucous membrane of the whole buccal cavity red and congested, (4) teeth become loosened, (5) neurosis of the jaw, (6) anæmia, (7) great prostration, (8) repeated hæmorrhages, (9) rashes over the body and (10) finally even death.

Treatment :—(Chronic poisoning)

(1) Stop taking of mercury.
(2) Demulscent drinks *e.g.* milk, ghee, albumen, water etc.
(3) Banana fruits.
(4) Corrected sulphur in 6 Raties dose, with the juice of Tulsi or juice of betel leaf. Continue this treatment for a week.
(5) Trisugandhi-churna in medicinal doses.

THERAPEUTICS.

Externally : *Skin.*—It has got an action on the broken and unbroken skin. On the unbroken skin it is given in the form of an ointment as innuction for absorbption. On the broken skin it is an antiseptic and paraciticide and hence it is used in the form of an ointment in various skin diseases for local external use. Kajjali is also used in healing ulcers especially of syphilis, as dusting powder.

Eye :—Mercury with Lanoline (English) or simple ointment in equal parts, is used to kill tinea in blepheritis.

Gastro-intestinal tract :—In medicinal minute doses, it is a sedative to the inflamed intestinal mucosa and it also checks the

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fermentation and bleeding from the intestine. It improves digestion, quality and quantity of blood. For these actions, the preparations containing mercury, known as Panchamrita Parpati, Parpati Rasa etc. are of special value in sprue and colitis.

Liver :— It stimulates the bile flow and hence it is a cholagogue. It is a purgative and it is prescribed in dropsy, caused by liver derangements. The preparation known as Vanhi Ras is used for this purpose.

Lungs :—It is an alterative, tonic and antiseptic and hence it is prescribed in Phthisis with success. It checks all the signs and symptoms of T. B. in lungs. The Ayurvedic preparations known as Panchamrita Parpati, Rajamriganka, Bt. Chandrodaya Sindura, etc. are used as a curative purpose.

Kidneys :—It checks the excessive formation of urates and uric acid and thus it is prescribed as lithontriptic in renal calculus. The preparation knowu as Trivikrama Rasa is selected for this purpose. It is a diuretic and diaphoretic and hence it is used in dropsy. It is a contraindication where kidneys are diseased.

Sexual gland :—It is a very powerful aphrodisiac. When it is combined with gold, musk and other metals, its action is increased to a very great extent. There is not a single drug in Ayurveda, which equals Makaradhwaja Rasa. It can be given in any age, irrespective of sex. For this action, the Ayurvedic preparations known as Bt. Chandrodya Rasa, Makaradhwaja or Sinduras, are prescribed with benefit, in impotency, sterility, spermatorrhoea and general debility.

Heart :—Mercury when combined with gold stimulates the heart's function. The Ayurvedic preparation known as Heranya-garbha Pottali Rasa is prescribed with success. It is also prescribed in muttering dilirium met with in failing heart.

Thermogenetic centre :—It reduces the pyrexia of remittent or intermittent type of fevers by moving the bowels and acting on the thermogenetic centre in the brain. It is prescribed to reduce the hyperpyrexia in the form of Kajjali or various Rasas.

Blood :—It has got a specific action on the spirochæte pallida, the causative organism in syphilis. It has got also some action on malarial parasites, tubercle bacilli and leprosy bacilli. The preparation known as Paradadi Gutika is used in adults and Sapta Shalivati

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is used in infants, because it has got alterative and tonic properties. Kajjali is used as fumigation in syphilitic erruptions.

Because it has got an antiseptic action on the leprosy bacilli, the Ayurvedic preparation known as Galita Kustha Kuthar Rasa is used with success in both varieties of leprosy.

Brain and nervous system :—It is an alterative and tonic. It has also got the specific action on syphilitic germs. Therefore it is prescribed in the form of Chintamani Chaturmukha Rasa in paralysis and other nervine complaints of syphilitic origin.

Prescribing Hints :—

Strict restriction of diet is not necessary, when mercury in the form of Rasa *i.e.*, in minute medicinal doses is being administered ; but when it is prescribed in the form of Kajjali or high percentage is being administered, it has got a cumulative action and hence strict restrictions are of special value. It should be suspended for two days after a course of mercury for a week. The following regime should be observed when mercury in any form is being administered :

Foods allowed :– Milk, Ghee, Butter, Eggs and foods rich in proteins.

Foods avoided :—Acid, salines, raw, parched, fried, heating etc.

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(Continued from our October issue.)

——o——

NEURASTHENIA

(Psychosthenia or Nerve-fatigue.)

It is usually shown by Nerve-irritability or sleeplessness and other indications threatening a nerve-collapse. It is a functional neurosis affecting a large class of people, perhaps increasing in number, due to increased stress and strain of modern civilized life, in metropolitan centres, due to want of proper sleep, lack of suitable food, irregular habits, and poor hygienic conditions. (As it is a disease of modern civilization with its associated evils, which were absent in the good old days, we do not find it described or even mentioned in Ayurveda).

The term Neurasthenia covers an ill-defined group of symptoms which may be either general, the expression of derangement of the entire Nervous system, or local, limited to certain organs. It is in every case a functional Neurosis without any structural organic change appreciable in our present state of the anatomy of the Nervous System.

Several varieties have been described as follows :—

(1) *Cerebral Neurasthenia*, marked by incapacity for work and for responsibility induced by excessive mental work, constant and onerous responsibility associated with anxiety, worry, and mental strain, perhaps with domestic or finacial strain.

(2) *Cardiac Neurasthenia* is most depressing in which the cerebro-spinal functions are only slightly disturbed, while the cardio-vascular may be alarming. Again the condition may be just reversed. Palpitation with irregular heart-action, pain and oppression in the cardiac area are most depressing.

(3) *Spinal Neurasthenia* is accompanied by severe pain in the back, often through the entire length of the spine,

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in many cases intensified in the cervical or coccygeal region with increasing weakness of lower limbs. The knee-jerk may be active, there are psuedo-clonus, but the plantar-reflex is not of the extensor type. It may be often difficult or impossible to elicit any reflex from the sole of the foot. Such cases are often of traumatic origin (Railway spine).

(4) *Sexual Neurasthenia* is accompanied with irritable weakness of the sexual organs, manifested by nocturnal pollution, unusual depression after intercourse and often by a depressing dread of impotence or with remorse for some form of sexual depravity and dread of its consequence. Here the sensations and symptoms point to involvement of cerebrum and the spine.

(This class of cases is frequently met with in Behar where youngmen often consult a medical man for "Dhat patila" *i.e.*, thinness of semen with irritable sex organs, ready and too quick emission during intercourse with depressing dread of impotence).

(5) *Gastric Neurasthenia* (Anorexia Nervosa) is a distressing condition of complete loss of appetite, regurgitation and vomiting and the series of phenomena known as Nervous Dyspepsia.

The dietetic treatment is rest, change of environment, abundant feeding and plenty of open air.

There is always impaired digestion, both stomachic and intestinal, resulting in auto-intoxication and sub infection. This indigestion is not constant for any particular food-stuff and is fluctuating.

As the digestion is always feeble, diet should be given in moderate quantities, heavy indigestible articles of diet should be generally avoided. The diet should be varied and general.

To prevent intestinal auto-intoxication, waste products of digestion must be regularly removed by lavage and laxation, moderate physical exercise or in lieu of it daily massage should be taken.

The Neurasthenic often snffers from mental irritability, unhappy emotional states and outbursts from trivial and insufficient reasons. At such times the digestion is completely arrested.

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On the other hand, when he is in the best of moods he can digest almost every article of food.

During the period of depressing emotional states it is better to withhold the food. At other times simple nourishing food of all kinds may be given.

There is a large group of thin neurasthenics where Weir-Mitchel treatment of rest, over feeding, isolation, massage and electricity is very useful.

The traumatic cases are benefited by rest cure of 6 to 8 weeks' duration, specially when the chief features are headache, loss of memory, nervousness, tremors palpitation, tachycardia, mental depression, etc.

Gastric Neurasthenia should also be managed on these lines.

In Neurasthenia due to toxaemia, attention should be directed to the elimination of toxic waste products due to defective protein metabolism. The intestines should be cleared by calomel and salines and the dietary for the first few days should be milk gradually increased in quantity. Then solid food beginning with those easily digested should be gradually given and progressively increased.

Alcohol should be strictly forbidden because it aggravates the already existing neurasthenia and then weakens the digestive organs. The moderate use of tobacco to habitual smokers often tranquilises the mind, leads to a feeling of comfort and thus indirectly aids digestion.

VAGATONIA OR PARA-SYMPATHETIC IRRITABILITY.

Pottenger describes the symptoms as follows :

"Increased secretion from the nasal, pharyngeal, and oral mucous glands, conditions known as catarrh, increased salivary secretion, contraction of pupils widening of the eye-slits, contraction of laryngeal muscles, increased bronchial secretion (*e.g.* bronchistis), spasm of the bronchial muscles (asthma), hyperacidity and hyper-secretion and hypermotility of the gastro intestinal tract leading to colicky pains and spastic constipation and states of diarrhœa, depending on whether the circular or longitudinal fibres of the intestines are stimulated, irritable bladder in continuance of urine and faeces."

Students of Ayurveda will recognise these symptoms as those of Vayu-Kapha irritation.

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The parasympathetic is closely allied to certain endocrines, parathyroid, ovary and pancreas (constructive or annabolic endocrines.)

For dietetic treatment we should first take into account the gastro-intestinal symptoms.

"There is hyperacidity, hyper secretion and a spasmodic contraction of the pylosus or sometimes of the oesophagus. There is almost always defective peristalsis with a good deal of flatulence due ro increased muscular tonus. Thus the digestion and elimination are seriously interfered with. On account of spasmodic closure of the pylorus, the food does not readily pass into the intestine and much of it remains highly acidulated in the stomach for many hours causing pain, nausea and often vomiting."

Personal idiosyncrasy is an important factor—what one person can take with impunity the same food in another causes severe attack of pain, nausea and vomiting.

Generally light, easily digestible food in small quantity should be taken. For a great deal of undigested material will remain in the stomach for a long time till ejected by vomiting or removed by lavage.

Alcohol, Tea, Coffea, richly cooked food should be avoided as also quantity.

A small piece of boiled meat (chicken) with a little plainly boiled and not too salted vegetable spinacle, onion should be taken. Fermented milk is good in small quantity, three times a day.

DIET IN "MURCHA" OR UNCONSCIOUSNESS.

Recurring loss of consciousness is a symptom of several diseases and naturally the diet varies with each case according to etiology, *e.g.*

(1) Injuries to the head.

(2) Diseases of the brain, *e.g.* Apoplexy, epilepsy, Hysteria.

(3) Various causes—shock, fainting (syncope), collapse, Alcoholic and other poisoning, sunstroke and heat stroke, Asphyxia, Infantile convulsions.

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(4) Terminal stages of several diseases occurring just before death, *e.g.* uræmia, Diabetic coma, failure of brain from any cause, etc.

General Procedures and diet

Soothing and cooling procedures (when pitta is excited) *e.g.* Immersion of the whole body in water while bathing, cooling application to the body like white sandal paste, Fanning of the body, cooling drinks, spraying water on the body, bathing below a fountain, exposure of the body to moonlight, bathing while it is raining.

Other procedures.

Fumigation (to induce perspiration to relieve the kidneys.)

Counter irritation (in depression of Vayu) by application to the Eye, nose, etc.

Venesection (to relieve pressure or to depress excited Vayu-Pitta).

Cauterisation (to excite depressed Vayu).

In hysteria—Pricking by needles, pricking inside the nails, pulling by the hair, stopping mouth and nostrils of the patient by hand.

Purgation (when due to constipation and intestinal auto-intoxication).

Emetics to induce vomiting (when much phlegm in chest.)

Fasting—to relieve intestinal auto-intoxication.

Exciting anger—to divert the brain and rouse it.

,, Fear—to depress the excited brain.

Sleeping on a hard bed—to excite the depressed brain so that sleep does not pass to coma.

Soothing words—to soothe the excited Nerve of the patient,

Avoiding sun's rays and remaining in the shade (to soothe excited Pitta.)

Application of ghee washed a hundred times (to relieve excited Vayu.)

Application of old ghee (to relieve excited Vayu).

Diet—

Soothing articles of diet.

Bitter articles of diet (to rouse the digestion.)

The following articles are recommended—

"Manda" (Infusion) of Khai (fried paddy) for its soothing effect.

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Easily digestible articles like dietetic articles prepared from old barley, old dadhkani rice.

"Jús" (Decoction) of "Mug" (Phaseolus mungo) or pea, (nutritive).

Meat soup of meat of Deer or birds (nutritive).

Vegitables—old pumpkin, "Patole", flower of plantain "mocha", Natia Sag, Pui sag.

Fruits—Pomegranates, Cocoanut, C. myrobalum.

Cooling and fragrant drinks.

Contraindicated :—

Betel
Direct sun's rays, coetion.
Incompatible food, Pungent articles.
Fomentation
Thirst is not relieved or sleep is prevented.

ETIOLOGY OF "MURCHA" (UNCONSCIOUSNESS) IN AYURVEDA

Loss of consciousness may occur

(1) due to derangement of Vayu.
(2) ,, ,, of Pitta.
(3) ,, ,, of Kapha.
(4) ,, ,, of Tridosha (Sannipatik).
(5) due to sight of blood.
(6) due to alcoholism.
(7) due to poisoning.

It must be distinguished from Bhram (giddiness or vertigo), from sleep as well as from "Tandra" (sleepiness) as also from sannyas (apoplexy). It may be noted that derangement of Pitta (which induces life activity) is present in every case of "murcha". Consciousness is one of the signs of life's activity and is the effect of Pitta. Deranged Pitta therfore causes loss of consciousness.

The late Sir T. Lander Brunton had shown that sleep is induced by a gradual anæmia of the brain. The natural process is gradual. A sudden anæmia of the brain causes sudden loss of consciousness. Ayurveda says that Pitta regulates blood supply of an organ. When therefore the "Pitta" of the brain is deranged (depressed) there is loss of consciousness.

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SYMPTOMS :

When Vayu deranged—Just before loss of consciousness the patient's vision becomes black or blue, the period of unconsciousness is very short followed by shivering, pain in the cardiac region, etc. when the fit is over.

When Pitta deranged—The vision becomes blood-red or yellow and after the fit is over, there is perspiration, thirst, heat, redness of eyes or their yellowness, passes liquid stool and body becomes yellow

When Kapha deranged—The vision becomes blurred and dark, the fit persists longer, there is sense of heaviness nausea, etc. supervening after it is over.

DIET IN "MADYATAYA" (CHRONIC ALCOHOLISM)

Chronic Alcoholism produces 3 groups of Symptoms.

(1) When Pitta depressed results in physical and mental debility.

(2) When Nervous system affected—Vayu excited.

(3) When catarrh of the G. I. tract—Kapha excited.

Accordingly dietetic treatment varies according to the prominence of particular symptoms.

DIETETIC TREATMENT

When Vayu deranged—(debility of the Nervous system is marked). The chief indication is a nutritious and generous diet, *e.g* meat of birds and animals.

Rice, "Luchi", etc.

Palatable, soothing, luke-warm, acid or saline articles of diet are recommended.

When Pitta deranged—(general debility).

Meat of birds and animals.

"Dal" soup with fruit juice as of Raisins, E. myrobalum and dates.

Soup of goats' meat with pomegranate juice and embelic myrobalum and rice.

Cold food and drink and cold procedures.

Dietetic articles of sweet and acid taste.

When Kapha deranged—

Pulv "Khai" (fried paddy) with Trikatů (dried ginger and the 2 peppers).

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Old rice or wheat with "juice" of old radish, meat without fat with pomegranate juice.

Contraindications :—

Fomentation, Eye application (irritating medicines), Smoking, Errhines, betel chewing are to be avoided.

EUROPEAN PRACTICE.

Effects of alcohol on the system.

Chronic alcoholism is usually distinguished by physical and mental debility, by chronic catarrh of the throat, larynx, stomach and intestines and alcoholic tremors. It is a more or less prominent factor of several organic diseases including cirrhosis of liver (rare if country liquor is taken), contracted kidney, myocarditis, cerebral disease and peripheral neuritis. The effect of chronic poisoning by alcoholic beverages is chiefly marked on the Nervous system. This effect is always largely governed by the patients' temperament, constitution, mode of life (sedentary or active), climate and amount of exercise taken.

Again there is a marked difference in the effect according to the *form of alcoholic drink.* Beer seldom produces acute alcoholism, but is apt to interfere with the digestive processes.

The harmful effects of alcohol on the tissues is very complex. Of course the direct effect on tissues is marked by such a disease as peripheral neurites. Watson has pointed out that the effects are also due to indirect effect of alcohol on the tissues and organs promoting bacterial activity in the intestines with absorption of elaborated toxins. This is evidenced by the fact that there is resulting intestinal stasis causing intestinal putrifaction, alimentary toxæmia and a poisoning of the system. Thus alcohol acts as a disturber of digestion and when coupled with dietetic errors, brings about alimentary toxæmia and poisoning of the Nervous system. Alcohol has thus direct and indirect effect most injurious on the Nervous system.

The blood pressure in chronic alcoholism is variable depending on the extent to which cardiovascular and renal changes have occurred. When those organs are sound, when abstinence has been enforced, there is a marked rise of systolic pressure followed after a few days by a gradual fall, while the diastolic pressure is always high. This differentiates, says Raff from Functional Neurosis.

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Diet in Alcoholism.

A certain amount of tolerance is obtained after habitual use of alcohol, which is to a certain extent inherited also.

The continued use of strong spirits or occasional taking of alcohol in excess, causes, sooner or later, a condition of *chronic gastric catarrh.* The effect of alcohol on the *will-power* is most deplorabe. These individuals will often refrain for months, but when the craving comes, it is irresistible. Such a condition is often described by several authors as a disease of periodic exacerbation.

In *mild* alcoholism with nervousness, muscular tremors, foul breath, coated tongue and urine loaded with matter or crystalline deposits, the patient should be put under such restraint that he will not take alcohol. The kidneys in the mean time should be flushed with large amount of water or alkaline effervescing drink combined with brisk catharsis and a suitable diet.

It is somewhat debatable what kind of food should be given. There is a strong craving for highly seasoned and spiced foods and the question is whether strong condiments should be indulged in. It is the general practice now to avoid highly seasoned foods which irritate the kidneys. The diet should be bland and unirritating with predominance of milk. Some fruits like apples check inordinate craving for alcohol and are therefore recommended.

Until the stomach which is the worst sufferer, regains tone and nausea and vomiting disappear, a liquid diet is the most suitable and when well-borne, milk is ideal food.

In *periodic alcoholism*—a non-stimulating diet is best. Fruits, plainly cooked cereals and vegetables should constitute the staple food. *Animal food should be eaten in moderation.* Some authorities believe that excess of meat diet induces a craving for alcoholic drinks. This is however not universal but true to a large extent. Climate plays an important part.

In severe cases :—

(*i*) In which nervous symptoms are not very marked but in which gastro-intestinal symptoms are very severe, the dietetic treatment is that of acute gastrites or gastric catarrh according to symptoms present.

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DIET—IN ALCOHOLIC GASTRITES

The first aim is to relieve pain and vomiting. In some cases stomach should be given complete rest and fed by nutrient eneimata, allowing only water, alkaline effervescing or carbonic water, milk of magnesia for 24 hours. In most cases however slightly salted albumen water may be given in very small quantities, frequently repeated, which will stop the vomiting. This may be assisted by whey or gelatin water given in the same manner.

Barley-water, Rice-water etc., should next be given. When these mild bland fluids are borne, a piece of toasted bread or cracker eaten dry may be tried. Butter-milk is often tolerated after vomiting stops. Meat-juice or beef-tea may also be given at this time. The selection of food must by very carefully done and the sensation of the patient will be a safe guide in returning to solid food.

DIET IN ALCOHOLIC GASTRIC CATARRH

This depends on the degree of inflammatory or cirrhotic changes which have already taken place in several organs. In the morning such patients have positive distaste for food, almost a loathing, but in the course of the day the appetite and power of digestion returns to a certain extent.

(II) In which nervous symptoms are very marked, *eg.*, delirium tremens, acute hallucination of drunkards, etc., alcoholic polyneurites and psychosis, etc.

Delirium Tremens :—

Onset usually sudden. Disordered intellect often reaching acute maniacal excitement accompanied by halucination, visual or otherwise, insomnia, terrors and intense nervous strain. In the early stages heart vigorous and pulse full and bounding ; later on heart becomes suddenly exhausted and there is danger of cardiac failure.

According to Norris, the B. P. in asthenic cases is low in the systolic phase and pulse small. A re-establishment of normal relation subsides the delirium which shows that the height of B.P. bears a casual relation to the delirium. Even if the B.P. be temporarily made of normal value, there is temporary symptomatic improvement.

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Dietetic treatment—The bowels should be emptied of fermented food. An emetic should be given if stomach is loaded. Saline aerated waters should be freely taken to relieve the kidneys and hasten elimination of toxins. Food should be at first small in quantity and fluid. Food should be stimulating and predigested (Thompson) *eg.* pancreatized milk, strong meat soups, beef-tea with eggs dropped into it and albumen etc. Stiumlating food relieves craving for drink.

Strong spices and condiments also relieve this craving. According to Thompson highly seasoned food causes less discomfort specially in robust individuals. Bartley states that such food has no special advantage and on the whole it is better to give bland nourishing diet.

Rolleston says that the first step is withdrawal of alcohol. There is no proof that it will precipitate an attack of delirium Tremens. Strength should be sustained by simple food, peptonized if necessry. Feeding may be difficult due to want of appetite or inclination to vomit.

Feeding should be sufficient and nourishing for immediate relief and to prevent exhaustion and cardiac failure later on. Donot overload the stomach however. Vomiting should be met by iced effervescing draughts and nutrient enemas.

ACUTE HALLUCINATION OF DRUNKARDS

The common form of sub-acute delirium is the hallucination of the sense of hearing. Such patients are usually nervous, of highly strong temperament and generally well-educated. The attack comes on 4 or 5 days after the consumption of alcohol has ceased. The patient is usually irritable, sleeplessness and restlessness are prominent and hallucinations more frequent and imperative. He is obessed with one idea and will imagine that every body is talking of his affairs. Sometimes the terror is so great that the patient commits suicide.

Diet—The attack often follows some mental shock or gastric disturbance in acute form (Blackader). Special attention should therefore be given to the G. I. tract. The alimentary system should be purged of irritants. Diet should be nutritious, fluid, predigested if necessary. Hypnotics will be at first necessary, later massage and hydrotherapy.

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Section VI.

Diet in "Unmad" (Mental Disease)

"*Unmad*" or Insanity is the general name in Ayurveda for different varieties of mental diseases.

General Considerations

In Ayurveda as in every other old medical systems of the world, the seat of mind is considered to be the Heart, while Modern Medicine, until very recently, considered Brain to be the seat of mind.

We know that the heart is so much influenced readily by various mental emotions. Further, in Ayurveda, heart is considered as the seat of Vayu or Nerve force, just as brain is considered as the seat of "Kapha" and abdomen as the seat of "Pitta." The rhythmic movement of the organs in a regular order is found in the thorax and is performed by "Vayu". Hence the thorax is considered as the seat of Vayu.

The latest medical idea is that brain is not the organ of mind at all but as one unit of a complex system of which mind is the product and the vegetative nervous system the major component. We think and feel primarily with our vegetative apparatus.....The primitive wish feelings are the direct expressions of the various intravisceral pressure or tonus.....Mind or intelligence is therefore not distinct from the body. Mind is emulsified with the body (*i.e.*) it is soaked in matter."

"Therefore the series of states and processes called 'mental' are to be found connected with another series of states and processes called physical.....The reciprocal dependence of mind and body may be expressed in the "principle of concomitance" *i.e.* for every mental process there is a corresponding process of the physical organism."

It was formerly believed that all mental processes have not a corresponding processes in the physical organism *e. g.*, pure activity of thinking. The idea is gradually gaining ground that all mental processes take their origin from the sympathetic nervous system and endocrine glands (*vide* Louis Berman's most interesting book "Glands regulating personality.")

The reciprocal dependence of mind and body is true of health as well as of disease. Thus every mental disease has its origin

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from some unit of disease in the body. "There is well-established reciprocity of influence between mind and body in disease. Similar disturbances are found in the body and mind, when simultaneously affected." Thus it has been shown that Psychosis, true insanity, melancholia, mania, fixed delusions etc. are associated with corresponding physical syndromes.

Classification of Mental Diseases.

(1) According to "Doshas" deranged.

Batik Unmad	due to	Vayu deranged.
Paittik ,,	,,	Pitta ,,
Slaishmic ,,	,,	Kapha ,,
Sannipatik,,	,,	3 Doshas ,,

These are the various psychosis of modern medicine. Thus—

Batik Unmad corresponds to the particular form of Psychosis known as "Imperative Idea."

Paittik Unmad or Mania.

Slaishmic Unmad or Melancholia.

(2) According to various fixed delusions :—These are true insanity as there is "real gap in the mental circuit" or "break in mentality when applied to the outside world."

These are supposed to be caused by various spirits, good or bad or otherwise, and a patient of this group is said to be "possessed by such and such a spirit", that is, the etiology is unknown.

Different symptoms are said to be induced by different spirits which may be classified as follows :—

(*a*)	under the	influence of	Devata.
(*b*)	,,	,,	Daitya.
(*c*)	,,	,,	Gandharba.
(*d*)	,,	,,	Jaksha.
(*e*)	,,	,,	Pitrigraha.
(*f*)	,,	,,	Naga.
(*g*)	,,	,,	Rakshasa.
(*h*)	,,	,,	Brahma-Rakshas.
(*i*)	,,	,,	Pisach.
(*j*)	,,	,,	Devadigraha.

The influence of each kind of spirit produces a certain fixed delusion in the mind.

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Etiology :—

(1) Due to severe mental shock which unhinges the mind.

(2) Due to exogenous poisons (Visha-janita).

(3) Due to Endogenous poisons causing auto-intoxication as a result of absorption of toxic products of faulty metabolism *e.g.*, the various psychoses which are associated with faulty digestion, as follows :—

"Vatik"—caused by drying, acid or cooling actions of diet continued for sometime, following a severe course of purgation, or prolonged fasting. It is associated with tissue waste.

"Paittik"—due to continued pertaking of pungent, indigestible, acid and heating action of diet.

"Slaishmic"—due to gluttony with sedentary habits.

Clinical Description of Different Varieties

(*i*) *Vatik Unmad*—due to derangement of "Vayu". It is a psychosis (a variety of mental derangement) in which there is exaggeration of some normal phase of mind. Thus he at times laughs, dances or sings without reason, at time talks volubly, moves his limbs too and fro or cries without ryme or reason.

In a mentally weak person Vayu is irritated by continual intake of drying, acid and cold articles of diet or by too much fasting or too much purgation. The irritated Vayu upsets the "mental circuit in the brain affecting in particular intelligence and memory. Such a person is thin with a pale and dry skin (Hyper-thyroidism). *The Symptoms are aggravated after food is digested* (when there is increased production of vayu or gases of fermentation in the G. I. tract. This irritates the antonymic branch of the sympathetic, upsets the mental balance and induces the symptoms).

This form of "Unmad" has therefore close connection with food and foods which irritate Vayu should be avoided,

(*ii*) *Paittik Unmad*—due to derangement of "Pitta." :—It is a "paranoria" (another variety of mental derangement) probably with the "phase of persecution" which becomes a fixed delusion. Thus the patient hides himself when he sees an unknown person.

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In a mentally weak person "Pitta" is irritated by pungent, indigestible, acid and heating articles of diet for sometime and the irritated "Pitta" affects the "Emotions" (whose centre is located in the heart) and then indirectly affects the brain.

Such a person is easily fatigued and speaks pompously of himself before his acquaintances (Hypo-adrenalism). He has got other symptoms of Pitta derangement (yellow skin, excess of skin-heat, burning sensation inside the body, likes to remain in shade and likes cold water and cold drinks). *His symptoms are aggravated while food is being digested* (when there is excess of "Pitta"—deranged bile-secretion

This form of "Unmad", which is true insanity, has therefore close connection with food. Foods which irritate "Pitta" should be avoided.

(*iii*) *Slaishmic Unmad* due to derengement of "Kapha" :—It is a form of dementia (a third variety of mental derangement associated with "mental disintegration" as a result of deranged "Kapha")

In a mentally weak person the "Kapha" is deranged by want of exercise and gluttony. Such a person speaks little, shuns other people and loves solitude. There is want of appetite, want of sexual desire, excess of sleep, inclination to vomit after food is taken. There is dribbling of mucous from mouth, urine pale and watery, conjunctiva and finger tips very white (Hypo-sexualism and Hypo-thyroidism).

This form of disease is closely associated with food. Foods which irritate "Kapha" and excess in quantity of food should be avoided.

(*iv*) *Sannipatik Unmad*—due to derangement of all three Doshs (upsetting of the entire sympathetic Endocrine chain resulting in mental derangement). It is incurable and presents mixed symptoms of the above three varieties.

(*To be Continued.*)

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PSEUDO-HARITA OR HARITA II.

BY

GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S.B.

—:o:—

The Harita Samhita as printed in Calcutta is said to have been written by Harita, the disciple of Atreya. But the author Harita cannot be identified with the ancient Sage Harita, one of the six desciples of Atreya Punarvasu. The ancient Sage Harita was anterior to Charaka and Vagbhata, but in the printed editon those authors are quoted by name :

चरक सुश्रुतश्चैव वागभटश्च तथापर।
मुख्याश्च संहिता वाच्या स्त्रिस्र एव युगे युगे॥
ऋषि: कृतयुगे वैद्यो द्वापरे सुश्रुतो मत:।
कलौ वागभटनामा च गरिमाव प्रदृश्यते॥ P. 349.

Chakra Pani Datta in his commentary on Charaka Samhita has quoted the beginning and end of the passages describing the teaching of Ayurveda : शक्रादहमधीतवान् इत्यादिनामत: पुनरसंख्येया: स्त्रिस्त्रं त्रिप्रयोजनं। अत्रेयादिपर्य्यन्ता विदु: सप्तमहर्षय:। आत्रेयात् हारीत ऋषि इत्यन्तेन।

But in the printed edition there is no description of the early teachers of Ayurveda. In the printed edition Atreya is said to have composed 5 treatises on Medicine, consisting of 24000, 12000 6000, 3000, and 500 stanzas respectively.

चतुर्विंश सहस्रैस्तु मयोक्ता चाद्यसंहिता।
तथा द्वादशसहस्रा द्वितीया संहितामता॥
तृतीया षट्सहस्रैस्तु चतुर्थी त्रिभिरेव च।
पञ्चमी दिक्पञ्चशतै: प्रोक्ता: पञ्चमव संहिता:॥

And then condensed the science in the present treatise, as told by Atreya and written by Harita. But in Charaka Samhita Atreya is never referred to as author of 5 treatises on Medicine. In the printed edition we do not find the following quotations : Ayurvedadipika, Nos. 1, 2, and 3 ;

Vyakhya Madhu Kosa : 2 and 9.

Charakatatriadipika : (Even the qualities of goat's flesh are not mentioned in the Calcutta Ed).

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But we find the following quotations verbatim in the printed Text :

Vyakhya Kusuma, Vatti : 1 (see p. 37.) 2. (in an altered form in p. 136).

Analysis of Harita Samhita.

There are two editions of the book.

1. *Harita Samhita*—Edited by Kaviraja Katis Chandra Sen. Calcutta. Sak. 1807.

2. *Harita Samhita*—Edited by Kaviraja Binad Lal Sen, Calcutta.

In Edition 1. there are 6 divisions as follows :—

I.	Prathama Sthana	...	Section I :—Annapanaka—Rice and drink.
1.	Vaidya Gunavarnana on Sastra Pathana Bidhi		qualities of a doctor and methods of study.
2.	Chikitsa Samgraha	...	8 divisions of the Science.
3.	Sisyabidhan	...	Initiation of disciples.
4.	Ritucharya	...	The Seasons.
5.	Dosa Prokopa	...	The ages and classes of men. The Air.
6.	Rasayana	...	The 6 kinds of Rasa or Tastes
7.	Toya Varga	...	The Waters.
8.	Ksira Varga	..	The Milk.
9.	Mutra Varga	...	The Urine.
	Iksu Varga	...	Cane Sugar.
	Manda Varga	...	Gruel.
	Jusa Varga	...	Decoctions.
	Taila Varga	...	The Oils.
10.	Anna Bidhi	...	Rice and Vegetables.
11.	Madhu, Sura and Mansa Varga	...	Honey Wine and Flesh.
12.	Bhojana Varga	...	The different kinds of foods.
II.	Dvitya Sthana	...	Section II - Arista.
1.	Papadosa Pratikara	...	Cause of disease—Remedy for sins.
2.	Svapnadhaya	...	on dreams.
3.	Svastharista Vyadhyarista	...	Symptoms of approaching death.
	Panchendriya Vikara	...	Perverted sensation.

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4.	Naksatra Jnana	...	Planetary influence.
5.	Homa Bidhi	...	Homa Ceremony
6.	Duta Pariksa	..	The messenger.
7.	Sakuna	...	Good and bad omens from the sight of animals.
III.	Chikitsitasthana	...	On Treatment.
1.	Bhesaja Parijnana	..	Knowledge of drugs, and diseases.
2.	Jvaravikara Chikitsa	...	Treatment of Fever and delirium.
3.	Atisara ,,	...	,, ,, Dysentery and Diarrhœa.
4.	Gulma ,,	...	Tumours (abdominal)
5.	Krimi ,,	...	Worms.
6.	Mandagni ,,	...	Indigestion.
7.	Arochaka ,,	...	Loss of appetite.
8.	Sula ,,	...	Colic pain, Gastralgia.
9.	Pandu ,,	...	Anœmia.
10.	Ksaya Roga ,,	...	Phthisis.
11.	Rakta Pitta ,,	...	Haemorrhage.
12.	Arsa Roga ,,	...	Piles.
13.	Chardi Chikitsa	...	Cough and Cold.
14.	Trisna Talu Chikitsa	...	On Thirst.
15.	Murcha ,,	...	On Fainting.
16.	Tandra ,,	...	On Sleeplessness.
17.	Madatyaya ,,	...	On Delirium Tremens.
18.	Daha ,,	...	Burning Sensation of the body.
19.	Apasmara ,,	...	Epilepsy.
20.	Unmada Nedana	...	Pathology of Insanity.
21.	Vata Vyadhi ,,	...	Nervous Diseases—Tetanus, Hemiplegia, Facial Paralysis.
22.	Amvata ,,	...	Rheumatism.
23.	Gridhrasi	...	Gout
24.	Vatarakta	...	Leprosy.
25.	Amlapitta ,,	...	Acidity.
26.	Sofa ,,	...	Swelling.
27.	Jaladara ,,	...	Dropsy.
28.	Prameha ,,	...	Urethral discharges.
29.	Mutrakrichha	...	Stranguary
30.	Mutra Roga ,,	...	Urinary diseases.
31.	Asmari ,,	...	Stone.
32.	Brisana Vriddhi ,,	...	Elephantiasis of Scrotum.
33	Visarpa ,,	...	Erysepelas.

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34.	Upasarga Nidana	...	Measles and Small Pox.
35.	Vrana ,,	...	Wound.
36.	Slipadarbuda	...	Elephantiasis of foot and Tumours
37.	Lutagandamala	...	Scrofulous Glands.
38.	Kustha ,,	...	Leprosy.
39.	Siroroga ,,	...	Diseases of the head.
40.	Bhrudosa ,,	...	Diseases of Eye brow.
41.	Nasaroga ,,	...	,, ,, Nose.
42.	Indralupta ,,	...	Baldness.
43.	Karnaroga ,,	...	Diseases of Ears.
44.	Netraroga ,,		,, ,, Eyes.
45.	Mukharoga ,,	...	,, ,, Mouth.
46.	Vajikarana ,,	...	Treatment to promote Virile power.
47.	Vandhyopokroma	...	Sterility.
48.	Garbhopachara ,,	...	Hygiene of Pregnancy.
49.	Chalitagarbha ,,	...	Abortion threatening.
50.	Garbhopadrova ,,	...	Complications of Pregnancy.
51.	Mudhagarbha ,,	...	Dead Foetus.
52.	Sutikopachara	...	Peurperal diseases.
53.	Vala ,,	...	Paediatrics.
54.	Bhuta Vidya	...	Demonology.
55.	Visatantra	...	Toxicology.
56.	Bhagna Chikitsa	...	On Fractures.
57.	Agnidagdha ,,	...	Burns.
IV.	Kalpasthana.		
1.	Haritakikalpa	...	
2.	Trifola kalpa	...	
3.	Rasona ,,	...	
4.	Guggula ,,	...	
V.	Sutrasthana	...	
1.	Tulamanvidhi	...	Measures and weights.
2.	Tailapaka	...	Preparation of Oils
3.	Neruhavastikarma	...	Rectal Injections, clysters.
4.	Svedanabidhi	...	Fomentations
5.	Raktavasechana	...	on Bleeding.
6.	Jalaukabidhi	...	Leeches.
VI.	Sarirasthana	...	Anatomy.
1.	Sariradhaya	...	Foetus and its parts.
	Parisistadhaya	...	Appendix.

Total 88 Chapters.

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In the Edition No. 2, we find the chapters in the 6 sections as follows :

Sect. I.—	23	Ch.
II.—	9	,,
III.—	58	,,
IV.—	6	,,
V.—	5	,,
VI.—	I	,,
	102	

There is an analysis of *Harita Samhita* by Prof. Goldstucker in Mrs. Manning's Ancient and Mediæval India PP. 339-42. An analysis occurs in Dietz, A. M. P. 159.

Mss. : of *Harita Samhita* or *Atreya Samhita*.

I. O.—2648.

A. M.—P. 159.

L.—1770.

Bik. Mss—1398.

C. S. C.—104.

Bik Mss 1398 : The codex contains the chapter on Anatomy. It begins differently from the printed edition :—

Beginning :—

नाभिपद्म समुत्पन्नो ब्रह्मा विश्वेश्वरोजायत: ।
सृष्टिं स्रष्टुं न जानाति परं मोहने मोहित: ॥
पुन: प्रविश्य नाभीयपद्मे नारायणस्य च ।
समरं रूपमाधाय विलोकयितुं * * * ॥
यथा गिरीणां कनकाचलो नु यथा भूजङ्गेषु भवत्यनन्त: ।
यथा विहङ्गेषु विहङ्गराज: तथा वरिष्ठो भिषजां महर्षि: ॥

End : इति श्रीमहर्षि आत्रेयभाषिते हारीतोत्तरे शारीराध्यात्मिकं नाम समाप्तं ।

Both in *I. O.* 2648 & L. 1770, Salutation is offered to Siva at the beginning of the book as follows :—

नत्वा शिवं सकलतत्त्वकलाधिरूढं
ज्ञानामृतैकचटुलं परमात्मरूपं ।
रागादिरोगशमनं दमनं स्मरस्य
शीतं त्रयाधिपधरं त्रिगुणात्मरूपं ॥

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Medical authors mentioned in the *Harita Samhita* :—

Bramha.

Atri.

Dhanvantari.

Asvins.

Charaka.

Susruta.

Vagbhata.

Gargi.

Markandeya.

Agnivesa.

Bheda.

Jatukarna.

Parasara.

Harita.

Ksarapani.

Kankayana.

Agasti.

Krisnatreya.

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Reviews and Notices of Books.

A SHORT ACCOUNT OF THE ANTIQUITY OF HINDU MEDICINE

We have received a complimentary copy of the above book from Messrs. Bailliere, Tindall & Cox of 7 and 8, Henrietta Street, Covent Garden, London, W. C. 2 ; Edition 1927, Price—1s.

The author of this beautiful manual, Dr. David C. Muthu, M.D., M.R.C.S., L.R.C.P. (Lond.) is a well-known figure in the domain of Medical Science and the present volume speaks eloquently about his wide study and consumate scholarship not only in the Scientific System but also in the heretofore neglected Hindu System of Medicine. In this little volume the author has been successful in introducing the reader to a brief survey of the antiquity of the Hindu Medicine and civilisation, and establishes beyond doubt that Hindu Medicine in its perfect and glorious form dates back as far as 4000 B.C. He very ably shows that Healing Art in ancient India was perfect in all its eight branches and that the medical science of all other countries, Persia, China, Egypt, Phoenicia, Babylonia, Greece and Rome being not excepted, owes its origin to that of India.

It may also be said to the credit of the author's erudition that he had to study many up-to-date works on Hindu Medicine as also some important and recent archeological discoveries in India, so that the manual under review has become a very valuable and authoritative work on the subject it deals.

The arrangement, mode of handling the subject matter and above all, the clear, lucid and forceful language and style, all combine together to make the book read like a novel of romance, so that the reader is carried in his mind back to the pre-historic past and is presented with a picture of ancient India in all her past glory.

We recommend the book to all those who love Ayurveda as also to those who are in the habit of crying down everything Indian, as the latter will surely change their angle of vision regarding India and her achievements in the past. In the same breath, we offer our hearty thanks to the learned author for this valuable contribution in the interest of the poor but once great India.

ONE HUNDRED USEFUL DRUGS

We are presented with a review copy of above by Dr. A. Lakshmi Pathi, B.A., M.B. & C.M.; Published by Andhra Ayurvedic Pharmacy Ltd, 19, Harris Road, Mount Road, P.O., Madras; Edition, 1927; Price Re. 1 only.

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The author, Dr. A. Lakshmipathy, is not a new figure in the Ayurvedic world and the present work is a worthy contribution towards Ayurveda. All the hundred drugs have been carefully studied and experimented before they were selected to be printed in black and white. The book deals exhaustively with the properties and therapeutic uses of these drugs with hints for combination preparations and, as such, has been very useful for practitioners of Ayurveda. The author has introduced in this book a novel plan by inserting a blank page after each drug so that the reader may jot down any new properties of the drug that he may find out in actual practice, which may be included in the future issues of the book under review.

We welcome the book as a valuable addition to Ayurvedic Materia Medica and recommend it to all lovers of Ayurveda.

SOCIAL DISEASES.

We have received a copy of the above book by Dr. Kaikhosru K. Dadachanji, Late Captain, I.M.S., Consulting Surgeon Specialist : "The Genito-Urinary, Skin and Surgical Hospital," Bombay ; Published by Kaiser-I-Hind Paper Printing Works, Elphinstone Circle, Fort, Bombay—Price Rs. 4 only The book may be had either with the publishers or at S. Govind & Co., Sandhurst Road, Bombay.

The book is written in Gujerati on "Social Diseases, Genito-Urinary and Venereal Diseases and Sexology" and consists of 450 pages with 34 illustrations and deals in a masterly way all problems of Social, Genito-Urinary and Venereal diseases as also the delicate and intricate problems regarding sexology. It is an open secret that youngmen and women of the present day are ignorant of the laws of sex and much of the social, rather venereal, diseases are due to abuse of sex. The author has very clearly shown in these pages the evils of such abuse and the means of way out. He has not only solved problems relating to sexual anomalies but has dealt masterly with venereal diseases, their causes, prognonis, diagnosis, pathology as also treatment and prevention. The illustrations are well chosen to elucidate the literature.

The book is specially meant for youngmen and young girls who need sound advice against vices of sexual irregularity, as youth is a very dangerous period of life when slips to these vices are most common. The book may be regarded as a boon to the younger generation as it opens to them the portals of the secret knowledge of the social diseases and sex-hygiene, which were hitherto closed to them. The author has done a yeoman's service in compiling the book and there can be no two opinions about the importance of the book at the moment when the

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whole country is looking forward to its political and social regeneration, and when we want the younger generation to be fit enough to cope successfully with the responsibilities of new situation.

The language is chaste, elegant, and free from technicalities, as far as practicable. The binding and printing are also up to the mark.

In our opinion, the book should have a very wide circulation amongst Gujerati speaking people and should be translated into different Indian dialects for the general welfare of Indian people.

H. N. C.

Reports of Societies, Institutions, etc.

EXAMINATIONS OF ALL INDIA AYURVEDA VIDYAPEETH

These examinations will begin from the coming 6th Chaitra, Krishna Monday, Sambat 1984 or 12th of March 1928.

Every day first Paper begins from 9 A.M. to 12 Noon in the morning. Second Paper, after one hour's interval, begins from 1 P.M to 4 P.M.

All the examinees should reach the centres on 11th of March and having seen the centre's situation they are to acquire their admission Hall Tickets from the Superintendent, so that they may be able to attend fifteen minutes before the beginning of examinations. Late-coming students will not be allowed to appear in the examinations.

There shall be three different examinations. One Bhishak examination, papers of which will be in easy Sanskrit, but examinees can write the answers in their provincial Hindustani language. There are altogether eight papers in this examination.

The second examination will be of Ayurved Visharad with nine papers, answers of which are to be written in Deo Nagri Lipi and Sanskrit. The third examination will be of Ayurvedacharya with eleven papers, answers of which are to be written in Deo Nagri Lipi and Sanskrit.

After all the examinations are over, every student shall have to appear in oral examinations. Further enquiries are to be made through the Office by sending reply cards or in person.

Admission forms should reach this office up to 31st of January 1927.

Admission fees for Ayurvedacharya ... ... Rs. 7
Do. do. Ayurved Visharad ... ... ,, 5
Do. do. Bhishak ... ... ,, 3

For acquirements of results, every examinee has to pay As. 4 separately.

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Examinees wishing to get Rules and Admission forms should send a stamp of anna one for their compliance.

The following are the examination centres of India and Ceylon.

Bombay, Calcutta, Bankipore, Allahabad, Rikhikesh, Lucknow, Muttra, Delhi, Lahore, Karachi, Poona, Ahmedabad, Ajmer, Gwalior, Jubbulpore, Puri, Amraoti, Madras, Bezwada, Shimoga and Colombo (Ceylon).

The addresses of the Superintendents of these centres should be acquired from Vidyapeeth office.

Every examinee is to appear at his close centre according to his facility.

THE 5th ANDHRA VIDWAD VAIDYA PARISHAT OF ANDHRA AYURVEDA VAIDYAPEETH, BEZWADA

The above Parishat were held in the premises of "Sree Rammohun Ayurveda Kalasala," Bezwada, on the 15th, 16th, 17th, 18th and 19th ultimo under the distinguished Presidentship of Ayurveda Kala Vibhushan Vidwan K. Sesha Sastry Garu of Sringeri (Editor of 'Sarada' and 'Dhanvantri'). Among those present were Ayurveda Bhushan Nori Rama Sastrulu Garu, Pranacharya C. Suryanarayana Sastri Garu, Pandit Ch. Satyanarayana Sastry Garu, etc., etc., were to be noted. Students of the two local institutions (Ayurvedic) and many of the town gentlemen made the hall full. The proceedings began with Dhanvantri Vedic prayer. Mr. S. Venkataramayya, Chairman of the Reception Committee welcoming the delegates from far and near laid stress on the necessity of holding such parishats as these to bring Ayurveda to its real glory. Afterwards the President took his chair amidst loud cheers. He expressed his appreciation that Andhradesa has taken the lead to open such parishats. Ayurveda has been founded on great scientific truths as Pratyksha, Anumana, Upamana and Sabda authorities, and not a thing that has been done by mere writings of one's own accord. It is such a thing of high magnitude as having been arrived at by Yoga-Drishti and conclusions after a prolonged and unbiased debates and discussions of the great Rishis between themselves and then codified. Therefore, this Ayurveda is unchangeable and eternal. It is not like other systems which change opinions day after day and grovel in darkness to arrive at light of truth. The reason is this that those systems were not founded by Yoga-drishti and are based upon meagre practical knowledge. For instance, within the course of these forty years their causes and treatment for Cholera and Malaria etc., have changed enormously setting aside those of preceding times. Their physiology and chemistry too have now converted themselves into Bio-Chemistry and Bio-Physics. Their system of medicine

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too is contradicted in their own country and new systems are set up to combat it as Homeopathy, Naturopathy, etc., etc. Leagues have been formed as the National Anti-Vaccination League in London to prove that what the Allopathic system says of vaccination is utterly harmful and hazardous and is not at all a thing to be relied on. Some gentlemen among us are trying to adopt others' principles and say that Ayurvedic ones are not efficient, but before such things are said one should thoroughly acquaint himself with what Ayurveda has to bear upon the subject. With utter ignorance of Ayurveda one cannot jump to a hasty conclusion that what is said in it is not true and only what others say is true. Treatment and system of Ayurveda starts upon the basis of Tridosha principle (Vata, Pitta and Kapha) while the other systems base theirs upon entirely different ones. To this, the Committee of the Indigenous System of Medicine too bear testimony. Considering all these, such parishats as this are most needed to be held all over the country to bring out and proclaim to the world at large the greatest truths that our Rishis, denouncing all wordly enjoyments and for the sole benefit of mankind, have founded through severe Tapas and Yoga-drishti. He called upon the various provincial bodies to follow suit and place Ayurveda above others.

The Secretary of Andhra Vidya Pitha and Parishat, Sriman Kaviraj P. B. Krishnamacharyulu Garu then read the reports of the last year. Secretary of the Reception Committee Vaidya Vidwan Kambhammettu Vishnuvardhana Rao Garu read to the audience the letters of those who expressed their inability, sorrow and sympathy to come and take part in the proceedings. Then began the proceedings of the Parishat proper. The subjects discussed were (1) Blood circulation, (2) Sukra-Artavam, (3) Rasa Samskara. Dravya Nirnaya was done. The most important and interesting among them and which took much time (two days) of the Parishat was whether or not the theory of blood circulation as said in Allopathic system is in concurrence with the Ayurvedic system. Pandit Sreeramgam Sangameswara Sastrulu Garu stood to say that the blood circulation system of Allopathy is in accordance with Ayurveda and quoted authorities from Charaka, Sushruta and Vagbhata. Kaviraj P. B. Krishnamacharyulu Garu opposed the above theory and quoted authorities from the same Charaka, Sushruta, Vagbhata.

Certain books as Kumara Bhrityam by Pranacharya Cheemalakonda Suryanarayana Sastri Garu, Bala Chikitsa Tantra by Valloory Subbarao Garu, etc., were reviewed. The students of the Rammohun Ayurvedic Kalasala then held a debate on certain subjects among themselves before the Parishat. Vaidyaratna Ponnada Venkatadri Garu of Rajahmundry spoke for some time about Nava Pashanams and Panchalavanams

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and showed these things to the audience. Four Pandits of distinction in addition to the President were selected to be the Judges for the various subjects of controversy to give their opinions. Last, the President elect, Ayurveda Vibhushan, Vidwan K. Sesha Sastri Garu summed up the proceedings of the whole session and gave his opinion regarding the circulation of blood that the way what English system says of blood circulation is not at all in conformity with the Ayûrvedic ones. In Ayurveda the movement of the blood is based upon Dhatu Parinamgati. As regards Sukra, Artavam in females he opinioned that they are two different Dhatus and not one as some say. In Rasa Samskaram he was of opinion that mercury should undergo all Samskaras as said in the Sastras and they should not rest content with only a number of them as some say. He congratulated and appreciated Mr. Boddapaty Venkatappayya Pantulu Garu who has been giving all assistance to the College and the holdings of this Parishat and for his zeal and sympathy for the spread and uplift of Ayurveda.

A vote of thanks to the worthy chair who has come from a distance at his own cost, though put to much inconvenience, and to the delegates that have come, spared time and trouble and all others who have helped their mite to the happy and successful termination of the proceedings and to Mr. Ch. Devalraju Pantulu in particular who has lent his Choultry for accommodation has been proposed by the President of the Reception Committee. With shouts of applause and much enthusiasm the session was brought to a close with prayer of Sri Dhanvantri Dev. Vaidya Vidwan Vaddiparti Ramajogiraju Garu invited the next year's Parishat to Nuzvid which was unanimously accepted.

Vaidya Vidwan K. VISHNU VARDHANA RAO,
Secretary of the Reception Committee.

S. VENKATA RAMAJOG,
President.
21st Nov. 1927.

Reports of Societies, etc.

—:o:—

THE FIRST ANNUAL REPORT OF THE AYURVEDIC FREE DISPENSARY, KANDUKUR

1. The dispensary was started on 16-10-1926. The building is situated in the centre of the town.

2. The dispensary was thrown open free to the public since the beginning. It is happy to note that on 30-6-1927 our District Board with its sincere sympathy towards the cause of Ayurveda, came forward on the physician's application with a contribution of Rs. 30 per month.

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3. The progress was very satisfactory and the total number of patients that resorted to medical aid was 6156.

Males	3398
Females	1320
Children	1438
Total	6156
Hindus	5180
Muhamadans	976

Daily average for the year ... 17·1.

A few minor surgical cases were also attended to.

4. Prominent outsiders and local gentlemen paid visits to this dispensary and expressed satisfaction at the working of the dispensary and have noted their remarks in the visitors' book. Extracts from a few of them are as follows:

M R. Ry. V. Krishnaswami Rao, B. A. Taluk Board President, Kavali :—

"I have nothing but admiration for the enterprising and young man in charge of the institution He underwent training in Dr. A. Lakshmi Pathi's college at Madras. It is a matter for extreme regret that no local board in the District has so far availed itself of his services.

I am happy to note that the institution is slowly but steadily installing itself in public esteem. As in the case with all such institutions this too stands in need of pecuniary aid. If the Taluk board would not patronise it, at least the Dist. Board ought to come to this institution's rescue."

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2. M. R. Ry. Nori Ramasastry Garu, Principal, Ayurvedic College, Bezwada :—

"I am very much pleased to see the work done here. I see the physician is very enthusiastic and clever in his work. It is very gratifying to note that the physician is treating free all the poor. With the patronage of the local boards greater medical aid can be given to the needy."

3. Mr. B. Madhava Rao, Revenue Divisional Officer, Kandukur :—

"I visited the dispensary and find from the register, charts of attendance and diseases treated that the institution is quite popular and serves the needs of the public. A good stock of medicines is maintained. The institution has justified the help rendered by the Dist. Board. The doctor is a young man trained for four years and with his enthusiasm he should be able to make the institution more popular and meet the needs of a large section of the public."

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News and Notes.

—:o:—

THAT EVERLASTING LEECH.

Drugs may come and drugs may go, but shall the leech hang on for ever? A mere worm, without a backbone, he sticks closer than a blood brother. He becomes attached to perfect strangers who let him live on them, and refuses to let go until he is full and ready.

The use of the leech, although it is almost over in these days of antisepsis, still hangs on. Wholesale drug houses continue to import the suckers, more of which are being born every minute in Sweden, and a search of certain quarters of any large city will turn up a big jar in musty little pharmacies—the home of Hirudo.

Many physicians think because so little is heard about leeches these days, that the creatures retired from practice when the World War came. Although the unsettled state of Europe stopped the leech trade for years, it has again taken hold.

Compared with what it once was, leeching is such a rare method of treatment that it may to all intents and purposes be called obsolete. The astonishing thing is, however, that there are persons who still employ it. Of all the customs which date back for centuries in the medical profession, it is the most persistent. The mediaeval name for physician is leech, and there seems to be a lingering belief that there was some kind of a partnership between the doctor and the little living blood-letter. Some authorities say that the original name of the parasite was not leech, at all, but lyce, and that when the public confused him with disciples of the healing art, that he never tried to remove the popular impression. The so-called medical leech is Hirudo medicinalisital and he applies himself to humans; while his big country cousin, the horse leech, lingers in streams and troughs and gets into the mouths of the equine breed, and starts all kinds of trouble and runaways. The North American leech is not adapted for systematic blood sucking, as it lacks the required clinging ability. The South American leech, which hangs on the branches of trees and never goes near the water, is also unsteady in its habits and painfully obvious in its methods.

The regular leech is the most enterprising of his tribe. He has no legs, but he gets to places all the same. When he is in the water he wriggles his ringed body in an act that passes for swimming. Whenever he is on land, he steadies himself on an air-sucker in his tail, throws his body forward, gets a new hold with his front sucker, lets go at the rear, and draws himself up; and so on until he has reached a good place on which to operate. He is out for blood, and does not deny it. As a

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vampire, Hirudo can be happy with a fly or a fish, but he is very fond of scraping acquaintance with swimmers of the human species.

He has a three piece jaw all ready for persons in two-piece bathing suits. After he has done a little pricking in triplicate, he grapples his victim fore and aft and settles down to steady pumping.

His methods, when he is requested to draw blood, instead of being swatted for so doing, are very simple. He is taken out of an ordinary vial, or forced out of a tube by a piston, and laid upon the skin. If he is not very hungry or a little stagestruck, a drop or so of blood, or of sweetened water, induces him to lay hold. When little Hirudo has had all his bulging skin will hold, he usually drops off of his own accord, but if he is slow in quitting, a pinch of salt sprinkled on his head induces him to resign. Even before Dr. Louis Pasteur told the world about germs, the leech was suspected of not living a sterilized life. Although he feeds on animate creatures, not on carrion, he is likely to carry about with him some undesirable elements. He may have some diseased blood in his system, although it was fresh enough when he got it. On the East Side of New York City leeches are sometimes kept in boxes of mud and get cold baths before going into action. Whether they are entirely germ-free and simon pure or not, they often leave irritating substances in a wound, for they secrete a liquid which prevents the blood from coagulating.

In order to have an appliance which could be sterilized without its shriveling to nothing, for leeches are not supposedly fireproof, as salamanders are reputed to be, a machine of glass and metal was invented known as the mechanical leech, which has a limited use.

With the progress of medicine the actual removal of blood from the human body for the purpose of relieving congestion has almost disappeared. Leeches, living and artificial, are after all, relics of the past, which cling because of an age-old tradition. It has been found that venesection, leeching, and all forms of blood-letting are enervating and harmful and unnecessary. The application of a hygroscopic, osmotic preparation, sterilized, free from all contamination, such as is Antiphlogistine, serves the purpose of relieving inflammation and congestion by a simple mechanical means, without danger of debility on one hand and of infection on the other.

It is hard to foretell when the leech will relinquish his practice permanently. There are customs which date back to the Dark Ages still managing to survive. Venesection appears not only in musty old volumes, but in some modern works. However, the lure of the leech is passing, and certain it is that its spell has long since been broken by bloodless phlebotomy.

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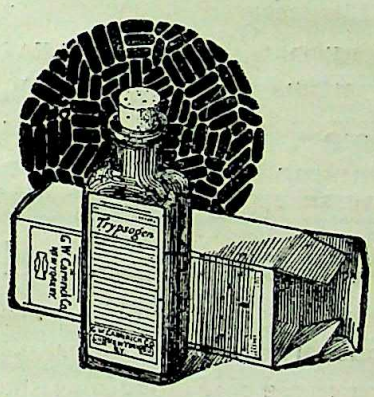

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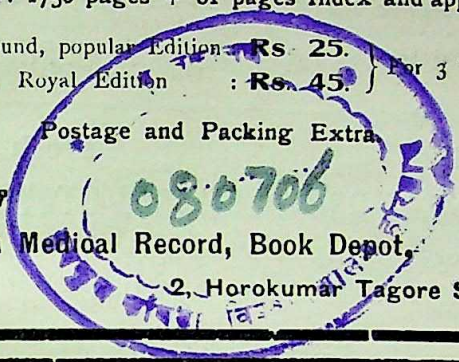

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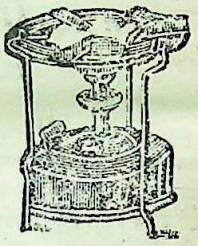

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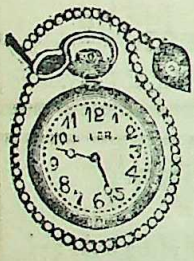

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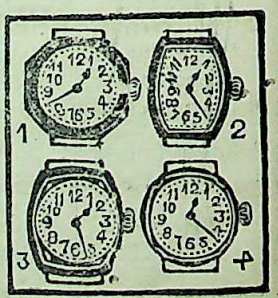

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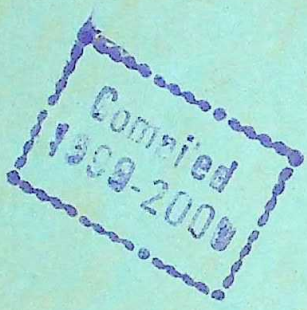

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